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ON THE  
CONSTRUCTION AND MANAGEMENT  
OF  
HOSPITALS FOR THE INSANE;

WITH A PARTICULAR NOTICE OF

THE INSTITUTION AT SIEGBURG.

BY DR. MAXIMILIAN JACOBI.

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TRANSLATED BY JOHN KITCHING.

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WITH

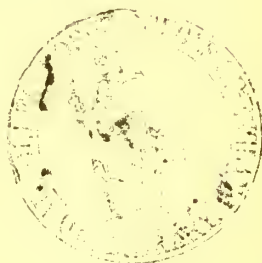
INTRODUCTORY OBSERVATIONS, &c.,

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Various circumstances, with which it is needless to trouble the reader, have concurred to delay the publication of this work much beyond the time originally designed, and even since nearly the whole of the matter was printed off.

## INTRODUCTION.

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It is now several years since Dr. Jacobi left with me, after a very interesting visit, the work on the construction and management of hospitals for the Insane, of which the present volume is a translation. Being ignorant of the German language, I availed myself of the knowledge of my friend John Kitching, then a medical pupil at the Retreat, to become acquainted with many passages of the work: these specimens led me to wish to read other parts, and at length induced me to obtain a translation of the whole, with the view of presenting it to the English reader.

Dr. Jacobi, by several works in that most important department of his profession to which he has devoted the energies of his mind, is well known in England, as well as on the continent of Europe, as a man of talents and attainments of no common order. Although in these works he has treated mainly of mental disorders, with relation to their physical causes and treatment, he has by no means overlooked those moral or psychological influences which so often form the remote causes of insanity, and which hold so important a place in its curative treatment. They who have taken right theoretical views of disordered mental affections, may be prepared to state generally, the provisions which should be made for their treatment in public or private establishments; but it is only those who have practically observed the circumstances of the insane, in establishments provided for them, and who have corrected their theoretical inferences by the test of experience and comparative observation, who can supply that particular information which

we require in the consideration of the best means of providing for the wants of the Insane ; whether as regards the *construction of their abodes*, or those various arrangements and administrations which constitute the *economy of hospitals* devoted to this class of sufferers. The author of the present work has been for many years the Director and first Physician of the Establishment at Siegburg, for the Prussian provinces of the Rhine ; and I believe it may be said, that the character of his mind, no less than his professional attainments, and his conscientious zeal in the faithful discharge of his trust, entitles his opinion to much consideration and respect. We are by no means, however, called upon to consider Dr. Jacobi's opinions as magisterial, nor his work as a precise directory for all inquirers on the matters of which it treats ; but it is to be valued as presenting a clear outline of the whole subject, filled up with the valuable results of his own observation, to be tested by the experience and judgment of others.\* Such a work appeared to me to be wanted in this country ; in which, if not yet sufficiently aroused, we have certainly become alive to the importance of the subject, whether considered with reference to the claims of sound policy and humanity, or in connexion with the interests and honour of science. If those who are engaged in the chief management of the Insane, in our public establishments, would use this work as a text-book for their inquiries and considerations, carefully noting the result of their observations ; we might, before long, without aiming at an exact prescription in these matters, arrive at some sound conclusions, in regard to the construction of the buildings ; as well as to the arrangements, external and internal, which may best provide for the right government and general economy of these establishments.

It would certainly be well, if, in our country, we had brought this inquiry, as regards its principal parts, to an issue ; and if our practice were rendered conformable to the general principles which might be and to a certain extent already are established.

\* Since the publication of his work, "On the construction and management of Hospitals for the Insane," Dr. Jacobi has found occasion to modify his opinions on some points, which will be noticed in the course of this Introduction.



Parliamentary inquiries appear to have determined that, at least, for the insane poor, a public provision, in every district of the country, is highly desirable. Still, however, a large portion of our pauper lunatics are confined in private houses, where they are of course received for profit; and in which it would be unreasonable to expect, that such an expenditure in proper buildings, in the enclosure of grounds for exercise, and in the provision of a sufficient number of competent attendants, should be made, as the circumstances of the disease render of the utmost importance. If all these things were provided in the manner most calculated to promote the recovery of the patients, it would not, I believe, be found that eight shillings a week, which is not the lowest price at which lunatic paupers are contracted for, would, to say nothing of medical attention, cover the charges of board, bedding, and clothing, in addition to rent and wages. It must be remembered that the cost of patients, as stated in the reports of our County Asylums, does not include the items of rent and interest of capital.

If, however, we are agreed as to the general principle of a public provision for the insane poor, we are far from being so as to all the means by which that provision should be made and carried out. The Legislature has empowered the magistrates in Quarter Sessions, to erect suitable houses for the cure and care of the insane poor: they are authorised in these erections to make provision for other classes than paupers, and also to unite such establishments to any existing charitable institutions for the relief of the Insane. This, perhaps, was as far as it was desirable at the time for legislation to extend; but further measures appear now to be required, since it is certain, that the enactment has yet been far from leading to a proper provision for the class to which it refers. There are yet more than twenty English counties which have made no distinct provision for their insane poor.

The delay which has taken place in the adoption, by so many counties, of the suggestion and authority of the Legislature, renders it the more seasonable to call attention to the subjects treated of in this work. I venture, also to avail myself of the

present opportunity of offering to the reader a few suggestions on some of these subjects, which may be conveniently arranged under the following heads,—first, the external arrangements for the government of establishments for the Insane;—secondly, the internal arrangements and government;—thirdly, the construction of asylums; and—fourthly, the statistics of insanity.

1. *External government of Asylums.*—Our County Asylums are entirely under the government of the Magistrates in Quarter Sessions, who appoint visitors from their own body, to inspect from time to time into the condition of the establishments, and who meet at stated periods for the direction of their affairs. The general character of English magistrates renders this system of great value, if we could be sure that a sufficient number could be found so conveniently situated, and so interested in the subject, as to give up their time to an office which most feel to be repulsive, and which many humane persons, who are anxious to discharge their duty, entirely shrink from. Useful as general visitation is,—to render it really an effectual check on the mismanagement of patients, and a means of stimulating to improvements,—it should be undertaken by those who have become acquainted with the habits of the Insane, and understand what the duties of officers and attendants really are. There are, perhaps, no establishments in which a visiter is more likely to be led to think either too well or too ill of what is before him, than in those for the Insane; and it is not reasonable to expect, that such a knowledge of this peculiar class of establishments will be generally obtained by the Magistrates who happen to reside near them, as will provide an efficient system of visitation for our County Asylums. Is there then any other local class of persons which can be depended on for this duty? I certainly think there is not. For though advantage would probably arise from the appointment, from time to time, of a few respectable persons of both sexes, residing in the neighbourhood of asylums, to visit them occasionally, and to report to the Magistrates; yet, as the service would be entirely voluntary and irresponsible, and as those who performed it

would have no share in the government of the establishment, their visitation could not be considered as efficient. We shall not, I apprehend, secure efficient visitation until we have an appointment of a number of competent persons to visit, under the authority of Government, all the places of whatever description, private or public, chartered or unchartered, in which the Insane are confined; to compare the degrees of human misery in these abodes,—to ascertain how it may be most effectually provided for and alleviated,—to collect information under uniform heads, from all these institutions,—and to report, annually, to the public, the results of their observations and inquiries. Such a plan of visitation, but with several objectionable accompaniments, was seriously proposed to Parliament several years ago; and if it had been then corrected in its details and carried into effect, I cannot but apprehend that, the public provision for our insane poor would have been much more general than it is at present; and that the condition of existing establishments would have been still more ameliorated.

The system of external government, in our charitable institutions for the Insane, is subject to several of the objections which apply to that of the County Asylums. They are under the management of the subscribers and donors; but as most of them have either been well endowed in past times, or have been able to make the income from the patients meet their ordinary expenditure, they are not essentially dependent upon the good opinion of the public for their support; and experience has shewn how long and how largely they may be abused with impunity, both as regards their funds, and the treatment of the patients; and that a few old governors, of the most respectable character, may give unconsciously the authority of their good names to an establishment in which the greatest enormities are practised. It is, nevertheless, an important feature in these charitable establishments, that a money payment opens the door into the general meetings, by which their sub-administration is controlled. Thus when some of the secret misdoings of the York Asylum had, with extreme difficulty, been ascertained, and exposed, and the public feeling was roused, a large number of persons were soon

found, who, qualifying themselves as Governors, by the payment of twenty pounds each, entered the quarterly court; insisted upon a full and fair inquiry into the whole state of the establishment, convinced the most respectable of the old Governors of the necessity of reform, and carried it out effectually by the removal of every resident officer and attendant, and by the adoption of an entirely new system of management. Such efforts, however, will only be made in very extraordinary cases; the general tendency of mismanagement in any charitable institution, is to check the accession of new subscribers: and there is no class of institutions with which men are less inclined to interfere than with those for the Insane. Out of a large number of subscribers to an asylum, it is a very limited number that will visit or act in its affairs, so as to come personally in contact with the patients: establishments of this description *tend*, therefore, to become managed by the few. I must acknowledge, that this tendency has been illustrated by the experience of the York Asylum, and notwithstanding its present high character and the excellence of its regulations, I cannot see in its system of internal government, a sufficient check against negligence and abuse. Rules have no power to execute themselves, and are but a dead letter, when the energy which gave rise to them is withdrawn; and indeed their existence may serve to lull suspicion and for a time, to give additional security to evil doing. The prosperity of the asylum, in its pecuniary affairs, prevents its being really dependent upon the public; and when the governors pass away, who took part in its reform, and who are much interested for its welfare, there is but little prospect of a succession of suitable visitors and committee men to direct its affairs; and, therefore, it is greatly liable to fall into the hands of a few pecuniarily interested persons. The chartered hospital of Bethlem and St. Luke's belong to the class of charitable institutions, and the history of one of them proves the desirableness of a more efficient system of visitation than their constitution provides. If then the county and the charitable hospitals for the insane require some additional check and stimulus, no one will plead for the exemption of private asylums. The state of these, especially as regards the

provision in them for the really poor and the less opulent classes, requires the closest attention. The appointment of visitors, at the Quarter Sessions, to these places, may afford a *little* check against abuse, and some facility for the investigation of complaints; but I do not hesitate to say, that it is a most imperfect and unsatisfactory system of visitation, and so I know it is felt and acknowledged to be, by some who act under the appointment. A physician is appointed at the sessions in conjunction with three magistrates to visit the private houses four times in the year. The magistrates will, of course, be much influenced in their judgment by their medical companion, and thus he is often called upon to judge the conduct of his professional neighbours, who may be either his rivals or his particular friends. It is no imputation on the honour of any man to say that it is not for the public good, that he should be placed in such a position. It may be said that a great improvement has taken place, during the last twenty years, in the treatment of the insane, and in the character of their asylums; and that, therefore, new legal provisions in regard to them are not required. It must be remembered, however, that this gratifying improvement has taken place under very peculiar circumstances. The dreadful facts which were brought to light, in regard to the condition of many persons labouring under mental disorders, powerfully affected the public mind. Those who had the charge of the insane awoke as from a dream; a new life was infused into their establishments, and an altered standard of treatment came to be generally adopted. The secrecy which marked the old vicious system was relaxed or abandoned; a free communication between several of the establishments was opened; and persons interested in the management of the insane, were generally admitted to inspect the public establishments provided for them. We have no doubt that a permanent advance has been made in the management of our asylums, but the old tendencies remain; the public interest has its ebblings as well as flowings, and the degree in which either public or legal vigilance is exerted at present, by no means supersedes the necessity of further supervision. With all the improvement which has taken place, there is still much to



regret in the condition of many of our establishments for the care of the insane. Although the dreadful doings of former times may not be going on, an idle, harsh, and selfish system is still far from being universally abandoned, and there are still places in which this unhappy class is confined, which do not afford the suitable means of recovery from their distressing malady. The proposed plan of visitation would, I apprehend, carry the force of sound public opinion into these places. I would not give to the visitors the power of dismissing a patient, or directing the alteration of a brick; their business should be to collect and communicate information, to advise, and to report.

II. We now come to the consideration of *internal arrangements*.

Dr. Jacobi has stated very clearly, in the second chapter of his work, what are the characteristic features of an Hospital for the Insane, and in what respect it should differ from hospitals for other diseases. His opinions, subsequently stated in regard to the number of patients to be admitted into one establishment;—whether incurable patients should, on becoming decidedly so, be discharged;—whether men and women should be placed in entirely distinct houses;—deserve very serious consideration; since the decision respecting them affects materially the construction of buildings for the Insane. It is also important to determine whether, in the arrangement of our county asylums, provision should be made for other than *pauper* patients,—and whether we may not derive some useful hints from Dr. Jacobi's account of the internal government of the Siegburg establishment, as regards the provision of officers and attendants. I venture to say a few words on each of these points.

1. The reasons which Dr. Jacobi assigns for restricting establishments for the insane to two hundred patients, appear to me very satisfactory; and if it be thought that the proper superintendence and medical care of this number is a sufficient charge for one individual, as the directing head, it does not appear that any argument in favour of large collections of lunatics, is to be drawn from the considerations of economy. A comparison of the cost of management in public schools of various sizes, has long led me to doubt, whether an establishment of any description,

for three hundred persons or any larger number, will be managed so economically as one, containing from fifty to an hundred and fifty, would be likely to be. Everything seems as if it must be done upon a magnificent scale in these large establishments, which, of course swells the outlay; and from the returns made to Parliament of the average weekly cost of patients in the county asylums, I observe, that Cheshire, a small establishment, is lower than Lancashire; that Norfolk is lower than Middlesex; and Suffolk than the West-Riding of Yorkshire.\* Is it not also worthy of consideration, whether benefit would not be derived from diffusing the knowledge of the treatment of this disease more widely; which would be the consequence of establishing a larger number of hospitals for those who labour under it. It must, however, be borne in mind, that Dr. Jacobi, in speaking of the number of patients in one asylum, considers them as being mainly of the curable class, which certainly materially affects the question, so far as the medical duties of the Director are concerned.

2. Every one who has visited our large asylums will have been struck with the number of patients whose countenances betoken congenital idiotism, or hopeless fatuity. Many of these hardly come within the scope of a hospital for the Insane; and though they cannot be done with at home, and are not fit subjects for our common workhouses, they might be provided for in a building of a more simple construction, and under, perhaps, a less expensive economy than can be properly adopted in a curative establishment. The subtraction of these patients from our existing establishments, would greatly relieve many of them; but I venture to express a doubt, whether any patient should be placed in an incurable establishment, who would feel the removal as the sentence of an utterly hopeless condition, or who is in a violent and noisy state. Patients of this latter class require the peculiar provisions of a house specially provided for the Insane; and there can be no doubt, that medicine has considerable power in alleviating the terrible paroxysms which are sometimes witnessed in cases where the idea of permanent

\*Statistics of English Lunatic Asylums, &c.—By William Farr, p. 20.

restoration cannot be entertained.\* This question regarding the union of the curable and incurable Insane in one establishment, demands prompt consideration; since there are new asylums to be erected, and old ones which are calling for enlargement.

3. The same reason urges the decision of the question, whether it is desirable to form entirely distinct establishments for men and women. Dr. Jacobi is in favour of such a division. As regards the intercourse of the patients, I do not think there is any difficulty in so arranging the buildings, as to shut out any inconvenience from their being in the same establishment. Dr. Corsellis, the Director of the Wakefield Asylum, assures me that the arrangements there in that respect, are complete, and that the position of the respective wards entirely precludes the intercourse in any way of the male and female patients. To the argument for separation, drawn from the conduct of the servants, he attaches more weight; but does not appear to think the question of separation of much importance. So far as my observation at the Retreat has gone, I think the advantages of having men and women in the same establishment more than counterbalance the care which such a united family requires. There are convalescents of both sexes to whom the opportunity of occasional meetings in parties, or in their common place of reading and worship, is, I believe, beneficial; and I should be sorry to see our establishment divided. I am aware, however, how little, if at all, the considerations, in this respect, which may apply to such an institution as the Retreat, do so to the large pauper asylums, such as those at Hanwell and Wakefield.

4. I wish to call particular attention to the consideration, whether in the erection of county asylums, the provision ought to embrace the insane of all classes in regard to wealth, or those only who are chargeable to parishes.

As a question of strict political *duty*, the provision for those patients who are dependent upon parishes for their support, may be all that is actually required; but if a more extensive provision can be made without any pecuniary detriment to the district, and if the extension would confer a great benefit on

\* See note page 21.



other than insane paupers, it deserves the serious consideration of magistrates whether, though not bound by official duty, they are not called upon, by considerations of humanity and the general good of society, to extend their beneficial guardianship to other classes of the insane; and if it can be shewn that such a proceeding would be attended with pecuniary benefit to the establishment, a strong argument would be afforded in support of it upon the ground of expediency, since the cost of the insane poor is found a very heavy burden upon most parishes.

Certainly all that we have said against the provision for the pauper insane in private houses, applies to those who, though paid for by their friends, are yet placed on the lowest class. These are objects of the greatest commiseration; often do we see a family in what are termed respectable circumstances, reduced to all but pauperism, by the mental alienation of its head; and it will hardly be doubted, that such an individual placed in a private institution, is, in general, in a far more deplorable situation, and is less likely to obtain suitable curable treatment, than he would be, if, as a pauper, he were the object of a County Asylum. I do not speak here with reference to the mismanagement of private asylums, but of their imperfect adaptation to the wants of those, who cannot pay pretty largely for board and attendance: indeed, the outlay required for the proper provision for this class, and the loss which would be sustained if the buildings ceased to be wanted for their original purpose, renders it improbable that private speculation will ever properly meet the wants of the public in this respect. Observation in the York Asylum, in which patients of various classes in regard to property are received, convinces me that such an union of provision in one institution is in many respects advantageous. As there is no County Asylum for the north and east Riding of Yorkshire, many of the paupers in these districts are placed in this establishment; but I believe its service to the public has not been less, in having provided on moderate terms, and in a manner adapted to their condition, for the treatment of many patients of a class above paupers. The higher classes of patients who can afford to pay from twelve to twenty-one shillings per week, are

of course a source of profit to the institution, and there have generally been so many in the house of this and a still higher class, as to cause the income from the patients to exceed the expenditure on their account, notwithstanding the much larger number which has been constantly admitted at less than eight shillings per week. It is not very likely that County Asylums will ever be made acceptable to the highest class of society; and though I agree in Dr. Jacobi's opinion as to the general superiority of public over private institutions for the insane, and believe that the latter will never provide efficiently for the lower and middle classes, I am inclined to think, that in regard to the most wealthy class of insane persons, all that can be done for them is, through legislative means, to provide for the careful and efficient inspection of the establishments appropriated to their use.

Several of the County Asylums in England, have made provision for the more wealthy, as well as for the pauper class; and in the asylums at Glasgow, Perth, Dundee, and Aberdeen, this plan has been adopted with great advantage to their funds, and also, I cannot doubt, with much benefit to the class of insane persons, who can pay from fifteen shillings to two or three pounds a week for their care in these institutions.

5. The next topic is the provision of medical and other officers, for the government and right carrying on of these establishments. The Asylums in England and Scotland, whether founded under the Act of Parliament or by voluntary charitable association, have generally a medical officer as the director of the establishment, and the medical treatment is entrusted to him, in conjunction with one or more non-resident physicians, who visit the patients twice or thrice a week. In a few establishments, the whole medical and moral management devolves upon the resident physician or surgeon. The late Sir William Ellis, had, I believe, originally, not only these duties devolving upon him singly in the immense establishment at Hanwell, but had also the whole economy of the financial and domestic department under his immediate direction. Subsequently two resident surgeons were appointed, who, it is presumed co-operated with the directing physician in the medical

management. Dr. Connolly the present excellent director of Hanwell, has been wisely relieved by the Magistrates from the charge of the financial department.

It deserves to be well considered, whether it is right to leave the whole medical, moral, and superintending care of an asylum to one individual; whether the treatment of a considerable number of the insane should rest entirely on the judgment, however great, of one man; whether any individual, without even the almost unperceived check and stimulus of a brother officer, and competent observer, ought to be entrusted with the entire care of a large number of the most helpless of his fellow-creatures, those who have so little opportunity of making their mismanagement known, if indeed they be able to judge of it. Does not our knowledge of human nature lead us to conclude, that such a system leaves an institution greatly exposed to abuses? It is possible that it may work well in an individual case, but hardly probable that it should do so in general practice. If, for the purpose of obtaining more close medical attention, and a more uniform system of treatment, the plan of having outdoor officers is abandoned, there should be, at least, two resident officers who, though not equal in authority, should be united in the consideration of the plan of treatment. I do not, however, see that, according to what appears from practice, to be the general views of the profession, in regard to the use of pharmaceutic means in cases of insanity, the plan generally adopted of having a resident medical officer and a non-resident physician, who attends twice or thrice a week, is incompatible with the efficient carrying out of the present views of medical treatment; and if the resident medical officer be really a competent man, as regards his professional knowledge and skill, if he be zealously devoted to the object before him, he can hardly fail, when he has added experience to his skill, to gain that place with the non-resident medical officer, which will enable them to act in unity, and to give the patients the advantage derived from his constant observation. In such a case, we cannot doubt, that the frequent visits of an intelligent physician in general practice, may be, in a variety of ways, of the greatest advantage. But if

medical etiquette unduly carried out, suppress the energies of the resident officer, and make him the mere compounder and administrator of the prescriptions of the physician, or if he himself have no zeal in his profession or energy in his duties, the system must be said to work very unfavourably for the establishment; but with this evil incident to it, it appears to me on the whole, to be preferable to that which, with all the benefits to be derived from unity of action, leaves the entire management to one officer.

The arrangements of the Siegburg institution, with reference to medical and moral management, and general supervision, deserve particular attention. They indicate a very different estimate of what is to be done for the patients, through bodily and mental influences, to that which must be inferred from the provisions of our asylums in general. For the care of two hundred patients, there are three resident medical officers, two ministers of religion, two stewards, who have more or less intercourse with the patients, and also three superior attendants, who rank next to the officers of the establishment, and have the immediate direction of thirty-six attendants, (of whom we shall speak hereafter,) who have the personal care of the patients and their apartments. Thus we have introduced into the asylum a very large proportion of sane, and also, it is presumed from their station, of intelligent persons, who are very frequently coming into contact with the patients and their attendants, and whose intercourse and oversight are likely in various ways to operate beneficially upon both these parties. But to make such a plan beneficial, there must be a full confidence in the use and adaptation of the means employed, and a supply of efficient, judicious, and conscientious instruments for the carrying it into effect. We, in England, should think a house for two hundred patients sadly overloaded, with such a set of officers and attendants as are found at Siegburg; and doubtless it would be so if they were not actively and energetically employed; if the head of the whole was not really zealous and confident in the agencies he had to use and direct, the number of officers would be injurious rather than beneficial. Dr. Jacobi has great faith in pharmaceutic means, and has long been labouring indus-

triously for the advancement of the medical art, in regard to insanity; and it deserves consideration whether in our asylums generally, each case is sufficiently studied, watched over and treated; whether the cases are not too soon given over as hopeless; and whether, where there is more than one medical officer, there is sufficient consultation upon the several cases. Dr. Jacobi attaches great importance to this consultation on each case; and when a course of treatment has been determined on, he rarely allows himself to make any material alteration, without a fresh consultation. The medical officers visit together the patients twice a day, make notes of what is worthy of remark, and a record is kept of the observations upon each case, and of the treatment pursued, in a book, under the head of each patient. It is obvious that such a course of constant medical care and practice is not compatible with the plan most generally adopted in our English Asylums, of having a resident medical officer, and a non-resident physician, who attends twice or thrice a week; but it certainly merits consideration whether, in respect to medical as well as moral management, we might not take some valuable lessons from the methods of the Siegburg establishment.\*

Our German neighbours can do these things much cheaper than we can. If the reader will turn to page 287 of this work, he will find upon what a different scale of remuneration the officers of the Siegburg establishment are placed, to those who would fill the same offices in ours. Less than thirty pounds a year, with board and lodging, for the whole time and talents of a well educated religious instructor and psychologist, sounds strange to our ears; but perhaps when the different value of money in the two countries is taken into account, the discrepancy may not be so great as it appears on the mere com-

\* It may be asked, are we certain that the plan of its management is really carried out energetically, and that the people employed are not idle government officers? I answer, my opinion that the plan is energetically carried out, rests first on my personal knowledge of the character of Dr. Jacobi, and secondly, upon the testimony of a very competent eye witness, the translator of this work, who had lived for years amongst the insane, and who spent some days at Siegburg for the purpose, in part, of ascertaining whether the book and the establishment really agreed with each other.



parison of figures. Doubtless if we were fully persuaded that all this active and extensive agency could be advantageously applied, the mere consideration of expense would not deter us from bringing it into operation. I apprehend, however, that it is more easy in Germany than it is in England, to get well educated and really able persons, to fix themselves in public establishments; and that there is a greater number of persons in the former country, who are content with the very moderate supply of their wants, if they can carry out some favourite object of pursuit, or can indulge their ambition in regard to literary or professional fame. With us the pushing, money seeking spirit, from the circumstances of our country, pervades in degree all classes. In Germany, comparatively speaking, there is no room for it. We should, I believe, find it very difficult to meet with suitable persons to carry out efficiently the moral management of the insane, according to the views of Dr. Jacobi, and some other of his continental cotemporaries. I am not aware that so *systematic* and so *extensive* an application of moral means as Dr. Jacobi, and, perhaps, still more Dr. Zeller, the excellent Director of the establishment at Winnenthal, have introduced into their asylums, has yet been attempted in our English institutions; unless it be very recently at Dumfries, where Dr. Brown is trying to carry out, under favourable auspices, his enlarged and humane views of the management of the Insane. The German establishments above referred to, are distinguished by the importance which they attach to the application of religious motives and feelings to the minds of many of the Insane, as a part of curative moral treatment. At Siegburg, the ministers of religion are not merely charged with the performance of stated services, at regular times, or the occasional visit to a sick or distressed patient, but they are expected to seek acquaintance with every one, to penetrate into the hidden character, and to minister incidentally or directly to the intellectual, moral, and religious wants of the patient.

George Jepson,\* who filled the post of superintendent at the

\* See note at the end of this Introduction.

Retreat from the year 1797 to 1823, had probably as clear and decided views as Jacobi or Zeller, of the power of moral influences on the Insane; and, in regard to the particular class of patients under his care, he applied them with remarkable sagacity and vigour; the sphere of his operations was limited and somewhat peculiar, but the experiment was sufficiently wide and general to prove, not merely the impropriety of using chains and whips in the management of the insane, but also, the almost infinite power of judicious kindness and sympathy on disordered minds; and consequently,—the extensive applicability of moral agency in the management and curative treatment of insanity.

The last thirty years have certainly witnessed an extraordinary improvement, in regard to the principles on which our houses for the Insane, private as well as public, are professed to be conducted. The general recognition of sound principles indicates that to a considerable extent they are brought into operation. We have still, however, I apprehend, many steps to take before it can be said that we are availing ourselves, whether through the influence which mind has upon body, or which body has upon mind, of all the means which are afforded us for the cure or alleviation of insanity. In this course, we may derive many useful hints from our continental neighbours; and we may reasonably expect that as the wants and capabilities of the insane become more correctly appreciated, and the qualities of mind required to supply them are better understood by the public at large, that the friends of patients will not be satisfied without obtaining for them those provisions which will most tend to their recovery; and that the persisting demand will lead to the supply of a greater number of persons who, in the various departments of our asylums, are qualified for the delicate office of administering to disordered minds. This, it must be acknowledged, is our great desideratum: it is the character of the persons engaged more than the change of system, or the increase of the number of officers, which will effectually raise the condition of our asylums; and I would observe that, if officers should be introduced into our establishments, charged more especially with the moral treatment of the patients,

we ought never to let this duty devolve exclusively upon them ; *all* should have their share in it, who are charged with any portion of the care of the patients ; but in an especial manner ought the resident manager to feel this as a most important part of his duty. And in the selection of such an officer, the qualifications for moral management, amongst which I would specify,—a ready sympathy with man,—and a habit of conscientious controul of the selfish feelings and the passions, ought ever to be sought as carefully as medical skill. If a moral manager and religious instructor be chosen, he should be one who knows experimentally the religion of the heart, who can condescend to the weak and the ignorant, and who, in the best sense of the phrase, can become all things to all men. I have observed, that the most successful managers of the insane have been those who were most humble and unselfish ; and it is only persons of this class who will ever effectually supply their intellectual and religious wants. A person of an opposite description, however talented, or however conversant with the philosophy of mind, or the doctrines of religion, can never exercise efficiently this divine art of healing.

If the number and character of the officers of the Siegburg Establishment indicate an extraordinary degree of attention to the patients, the provision of inferior officers or attendants leads us to the same conclusion. For the 175 or 180 patients of the ordinary class, there are twenty-five attendants ; sixteen for the men, and ten for the women. This number includes the upper male and female attendant, who, as well as a deputy assistant for the male class, rank as sub-officers, and are charged with the immediate surveillance of the other attendants. Thus we have an average of one care-taker for every seven patients. The number of women patients has generally been less than that of men in the Siegburg Institution ; but not in the same proportion which the women attendants bear to men, so that there is probably one attendant to every six male patients.\* Notwithstanding the

\* In Dr. Zeller's establishment before referred to, the proportion of attendants to patients of the lower class, is quite as large as at Siegburg.



rule of the Siegburg Establishment, as to the admission and discharge of incurable patients, it does not appear to have been so acted upon as to constitute it, in strictness, an association of curable patients. Out of 630 who had been admitted into the institution, at the time when this statement, in regard to attendants was made, 302 were considered by Dr. Jacobi as really fit for a curative establishment; 131 were considered as scarcely fit, and 197 wholly unfit for such an institution; and since that time, the proportion of curable patients admitted has been less than in the preceding period. Doubtless the character of our pauper lunatic asylums,\* in which the proportion of incurable patients is so very large, might lead us to expect a less proportion of attendants to patients than one to six or seven; but it would not, I apprehend, lead us to expect anything like the difference which actually prevails between this proportion and that which is found in our institutions. At Hanwell, where as it is stated in the last report, "the substitution of mental control, implying constant superintendence, for physical coercion, has rendered it indispensable to increase the number of male and female attendants," the proportion is still but one attendant to seventeen men, and one to eighteen women. In the Wakefield Asylum, the proportion is one to rather more than twenty-two. In the York Asylum, for the lowest class, chiefly paupers, there is one attendant to eleven patients; and at the Retreat, for the lower class, the proportion is one for eight, including an upper attendant, who has the charge of the labour department, and also generally of the convalescent patients.

The smallest number of patients, which in the preceding statements is assigned to the care of one attendant, is, I believe, quite sufficient; if he have to perform the whole duties which are usually assigned to him: namely, the keeping of the day and sleeping apartments of his class in order, attending to the patients rising, dressing, washing, and going to bed, the administration of food and medicine, and the general oversight of the whole, so that good order may be preserved in his department.

\* Dr. Corsellis lately informed me, that out of the 375 patients, in the Wakefield Asylum, upwards of 300 were cases of hopeless insanity.

It is quite obvious that these and other duties which belong to the office of an attendant, cannot be properly performed by one person for such a number of patients as are assigned in many of our establishments to a single attendant; and the fair inference is, that some of these duties are either omitted or performed by the patients themselves. The employment of them in this way to a certain extent may even be desirable; but it requires no small care that the practice be not abused to the oppression of the labouring patient, and to the inducement of habits of idleness on the part of the attendant: and it ought to be considered, whether, in any establishment, and under any circumstances, the proportion of twenty insane persons to one sane, be at all a warrantable arrangement. It is even very doubtful whether it would be right to leave such a number of the idiotic and the most imbecile, to the care of one person, since many of them require great personal attention, and ought not in general to be left mainly to the care of other patients. The violent and mischievous certainly require a large portion of judicious attention; and it is quite certain that the excitable and convalescent ought not to be left to the chief care of their companions, if anything like judgment and kindness are to be met with in the character of attendants.

The question, however, of the proportion of attendants to patients is inseparable from two others, viz: the classification of the insane in suitable numbers and according to the forms and character of their disease; and the number of patients who can properly be engaged in labour out of their day-rooms or galleries.

There is hardly any matter connected with the management of the insane, which appears to me more clear than the desirableness of dividing the patients into small classes. They are less liable to annoyance from one another; they are more apt to engage in some rational pursuit, and they are more likely to be the subjects of discriminating observation, by the attendants and officers. The distressing impression made on the mind of a susceptible insane person, on being turned into a company of fifty people of the same class, can be more easily imagined

than described : there are many, it is true, who have not this susceptibility ; but for these the large associations have no advantages : on the contrary, they are far more likely to be diverted from their absorbing musings, with a moderate number of companions, than in a confused crowd. Under the old system, fifty, sixty, or even a hundred patients were not unfrequently herded together in one airing court, and in one set of apartments. This practice belonged to the old system of indiscriminate treatment and negligence. I had many years ago an opportunity of seeing the change from large to small classes in the York Asylum, and was confirmed by it in the opinion which I had previously formed, on comparing the condition of the large companies of patients in that institution with the smaller divisions in another establishment. In the one, thirty patients were frequently found in one division ; in the other, the number, in each room, rarely, if ever, exceeded ten. Here I generally found some of the patients engaged in some useful or amusing employment. Every class seemed to form a little family ; they observed each other's eccentricities with amusement or pity ; they were interested in some degree in each other's welfare, and contracted attachments or aversions. In the large society, the difference of character was very striking. I could perceive no attachments, and very little observation of each other. In the midst of society, every one seemed in solitude ; conversation or amusement was rarely to be observed,—employment never. Each individual was pursuing his own busy cogitations ; pacing with restless step from one end of the enclosure to the other, or lolling in slothful apathy upon the benches. It was evident, that society could not exist in such a crowd.\* Under these impressions it was that the instructions for the Wakefield Asylum directed that twelve day-rooms should be provided for 150 patients, the number originally designed to be accommodated in that establishment ; and as the number of patients would vary, who might be suitable for the several classes, it was presumed that, the number in each, at different times, might fluctuate from ten to fifteen, or even to a still greater extent. The space allotted to day-rooms, galleries,

\* Practical Hints on the Construction and Economy of Pauper Lunatic Asylums.

and lodging-rooms, were all considered to be adapted to the 150 patients; but such has been the pressure of applications, which the Magistrates have been anxious to accommodate, that these apartments have actually been made to contain 296. The number in each ward has, of course, been greatly increased; though not quite in proportion to the total numbers, inasmuch as a third story, on one side of the building, not originally designed for the day accommodation of patients, has been so appropriated. By this increase, however, the whole system originally laid down has been interrupted; and the eye is struck with the want of accommodation for the number who occupy the wards; and it deserves most serious consideration, whether the space allotted to the number of human beings, enclosed within the walls, is really sufficient for health. The original design was to give to each patient, in his sleeping apartment, 800 cubic feet; and the rooms for single beds were accordingly made ten feet by eight, and ten feet high. This is considerably less than Dr. Jacobi allots to each patient in his model asylum: and it is very important that some general conclusion on the point should be arrived at; since it is impossible for architects to make suitable arrangements in the various parts of the building, if the number of inmates is to be twice as great as they calculate for. If 400 cubic feet be sufficient for the sleeping apartment of one patient, they would arrange them in such a manner in connexion with their day-rooms, as to provide for a proper number in each division. I believe, that although the Hanwell Asylum was designed for large classes, the number in each division, owing to the pressure of patients for admission, is now much greater than was intended. And here I may observe, that notwithstanding the energy and kindness which appear to mark the management of this establishment, I was strongly impressed, in a late visit to it, with the disadvantages under which the institution labours, from the number of patients associated in each ward; more especially in connexion with the experiment which the excellent physician of that Asylum is trying in regard to the means of restraining the patients. If personal care on the part of the attendants is to supersede

entirely the use of straps and other instruments of restraint, it would appear highly important, that the patients should be divided into small companies so as to be easily observed and attended to.

It may be supposed, that the employment of many of the patients out of doors, renders it less needful to provide for their division into small classes than would otherwise be the case: and this idea may have influenced the Managers of the Hanwell Asylum, in associating so many as fifty or sixty patients in one class, having the same day-room, gallery, and airing court. This explanation however, would not apply to the women, of whom the greater part do not go out of their own suite of apartments for labour; nor does it apply to the men during a considerable part of winter and in wet weather; and therefore, if the association of a large number of patients together be not in itself a desirable plan, I do not see that the introduction of the labour system will justify the adoption of it.

But the classification of patients must be made not only with reference to numbers, but also to the mental condition. Dr. Jacobi, in the following work, proposes to divide the patients into five classes; but he has since, in an able article, in the Berlin Encyclopedia, on the subject of hospitals for the insane, carried his views of classification still further, and has recommended the division of the patients into seven classes. He has considerably modified the sentiment expressed in this work, in regard to the separation of the convalescent patients, and he now proposes the following arrangement of the whole:—1. The raving and violent patients. 2. The noisy, whatever may be the kind of their insanity. 3. The dirty unbridled patients, or those sunk in a deep state of sexual excitement, with whom the depraved idiotic and stupid may be associated, if at all admitted into the establishment. 4. Those whose perpensities and habits make them hurtful companions. 5. The melancholy and suicidally inclined. 6. The quiet and decently behaved. 7. Along with the preceding class must be a subdivision for the convalescents. This is the arrangement which he proposes for the patients in general with reference to their state of



mind, independently of rank or payment, which of course leads to other divisions on which it is not essential to dwell. It must be borne in mind, that this classification of the patients is to be maintained by a system of prompt change, according to the fluctuations of their mental condition. Dr. Jacobi is of opinion, and I apprehend it must be admitted to be the case, that both theoretically and practically, more attention is paid to the classification of the patients in the better continental asylums than obtains in ours. But if such a classification as the above be adopted, and efficiently carried out, there must be a very different supply of attendants to that which exists in most of our asylums; and there must be also an activity of supervision, which has not hitherto been generally thought necessary. It must be confessed that the idea which still too much pervades our hospitals for the insane, is that of a prison or a workhouse. When that idea is really removed, we shall not be long in coming to the conclusion, that ten or twelve patients, who are proper subjects of an hospital for the insane, would afford sufficient employment for one attendant.

In the explanation, addressed to the Magistrates of the West Riding of Yorkshire, of the principles and views on which the instructions to the architects, who inclined to offer plans for the Wakefield Asylum, were founded, it was proposed to divide the patients into three principal classes. 1. Those who, according to their states of mind, their capability of self-control, and the degree in which they were likely to annoy or be agreeable to each other, are disposed to incoherent laughing and singing, and generally all those who are capable of very little rational enjoyment. 2. Those who are capable of a considerable degree of rational enjoyment. 3. The convalescents and the well behaved patients, who are most capable of common enjoyments.\* The first class of course was intended to include the idiotic and demented as well as those who were most subject to violent action; and for these additional means of separation were planned by the provisions of a set of apartments, with a gallery, in

\* In Practical Hints on the Constitution and Economy of Pauper Lunatic Asylums, by S. Tuke, published 1815.

which the most offensive patients could be at any time separated from the others of the class to which they belonged. This may be said to constitute four divisions; and if the number of patients associating together, were properly limited, and labour were efficiently introduced, I am inclined to think that a more refined division is not needful in a pauper asylum. The melancholy were to be divided between the second and third classes, according to their state of mind; it being thought undesirable to put all the dejected patients together: and I cannot see any substantial ground for Dr. Jacobi's change of opinion, as regards the bringing of this class of patients into one miserable congregation. In regard to the third, or best class of patients, in any other than an asylum for the labouring classes, the provision of a distinct apartment, where a few of the most rational, whether strictly convalescent or not, could associate together for reading, writing, conversation, &c., would be highly desirable; but it was considered that, in the Wakefield asylum, most of the patients, who were in the best state of mind, would be engaged in labour; and a work-room was also provided, which might be said to constitute another division: and, as it was presumed, that several of this class would also be employed in assisting in the house and garden, there did not appear occasion to make further provision for their classification.

In turning to the subject of labour in connexion with the management of the insane it is due to the memory of the late Sir William Ellis, to bear in mind, that to him we are indebted for the first extensive and successful experiment to introduce labour systematically into our public asylums. He carried it out at Wakefield with a skill, vigour, and kindness towards the patients, which were alike creditable to his understanding and his heart. He first proved, that there was less danger of injury from putting the spade and the hoe into the hands of a large proportion of insane persons, than from shutting them up together in idleness, though under the guards of straps, straitwaistcoats, or chains. He subsequently introduced the system of labour into Hanwell; and now the same system has been carried out still more extensively in several of the

asylums in Scotland. On visiting most of these institutions in the Autumn of 1838, in company with my friend C. Williams, Surgeon to the Retreat, we found at Perth, Dundee, and Aberdeen, the men's wards nearly empty, so large a proportion of their inmates were in one way or other engaged in labour. At Perth, more than twenty came in together to dinner, from the labours of the farm; others were employed in the garden and about the premises. At Dundee, at nine o'clock in the morning, out of fifty-seven men patients of the lower class, twelve were engaged in stone-breaking, eight in gardening, thirteen in weaving, one in tailoring, two as shoemakers, whilst a few were engaged in the preparation of tow for spinning, and several in the various services of the house. In the Aberdeen Asylum in which the labour system is extensively introduced, we were particularly pleased with the state of the lowest class of women patients—chiefly in an idiotic and demented state. All of these but one, and she was in a state of temporary active mania, were employed in picking wool or some other simple occupation. Indeed in the three Asylums which I have just mentioned the state of the lowest class of patients affords a striking contrast to that in which they have been usually found in our Asylums. Those dismal looking objects cringing in the corners of the rooms or squatting on the ground almost lost to the human form, are here not to be seen. The effect of judicious training on those patients who had been allowed to sink into these and other disgusting habits, had long since been experienced at the Retreat without the extensive introduction of the labour system; but this system is no doubt very instrumental in keeping up that care of this class, and attention to their habits on the part of the attendants, which is essential to success.

I must not omit to mention that at Aberdeen the manager had succeeded in inducing the higher class of patients to engage in gardening, &c. At Glasgow the Governors were contemplating arrangements for the more extensive introduction of the labour system. In all these asylums, the superintendents expressed their decided conviction of the benefit which in a great variety of ways was derived from the employment of



the patients, more especially in out-door labour. The tendency of the patients to injure themselves, or others was said to be lessened; The number requiring any restraint was diminished; the health and comfort of the patients was increased, and *some* pecuniary profit was derived to the establishment.

I would however, observe here, that the introduction of the system of labour into asylums, is not primarily to be contemplated as a means of pecuniary profit, but as a means of promoting the cure and the comfort of the patients.\* Much has been said in favour of amusing occupations for the insane; and they are certainly not to be overlooked, especially those which require active exertion in the open air; but they are not to be compared, as regards their beneficial influence on the mind, with those occupations in which a man labours to some useful end. It appears to be a providential ordination that our healthy and most agreeable feelings are connected with the employment of our time in the moderately active pursuit of some apparently useful object; and even if this were not the constitution of our nature, the habits of that class of persons, which mainly supplies our public asylums, would point out the importance of keeping up that association between the enjoyment of health and labour which their circumstances have induced. It is true the patient is not capable of all rational perceptions and considerations, or he would not be under care; but there are few, except the demented, who are not, to a considerable extent, under the influences to which nature or habit has subjected them in a healthy state; and the cultivation and extension of the remaining healthy feelings and associations, forms one of the most important parts of moral management.

It is twenty-four years since the first experiments of Dr. Ellis at Wakefield were made; and during the last ten years the labour plan has been adopted extensively in many other of our public asylums, in England, Scotland, and Ireland. The system has been also introduced at Siegburg, and at Winnenden. In both these Institutions, the active exercise of the limbs

\* See the subject ably treated in the Fifty-first Report of the Visiting Justices of the County Lunatic Asylum at Hanwell, 1839.

forms a part of the regular medical prescriptions, and though this exercise may be more in the form of recreation, on the part of the higher classes; labour in the garden and grounds, is distinctly prescribed for them, with reference to its influence on the mind as well as on the body. The question, whether labour can and ought to be introduced into our public asylums, may therefore be considered as settled; and it must be quite obvious that if such a course of labour as has just been described be efficiently and judiciously carried on, it must require a larger number of attendants than were usually employed under the former system. At Dundee we found that the able and experienced medical Superintendent of the asylum, attached much importance as regarded the safety and full success of the system to the patients of each class being under the constant observation of at least one well qualified sane person. Indeed the carrying out of the system of labour, calls for great care on the part of the Superintendent in the selection of the patients who are employed as well as in regard to the character of the attendants to whom they are entrusted. There are cases in which the dulness and monotony of the gallery or the airing court are likely to be far more beneficial than the active engagements of labour. All who are inactive, it may not be best to arouse; and the bodily debility, not unfrequently connected with insanity, though uncomplained of by the patients, requires the exercise of judicious medical discrimination. The selection therefore should never be left to the judgment of the attendant. Especial care is required as to the character of the person, to whom the patients who work out of the house are entrusted. It has been rightly deemed of importance that the attendants should be under the easy and frequent observation of the superior officers of the establishment; but this is rendered more difficult when they are with the patients in the garden or the farm. The tendency in man to oppress, or at any rate, to resort to physical force, to obtain any desired end; the difficulty of finding persons of judgment, and such as can exercise a moral power over others, is so great, that it must be admitted, the labour system is exposed to considerable danger of abuse. If managed with judgment and

address, there are not many patients who may not in time be induced satisfactorily to engage in some portion or kind of labour; but as they not unfrequently think themselves unjustly confined, they are, sometimes unwilling to work until the indulgences in diet or otherwise, which those who labour enjoy, and the greater comfort which they who go out appear to have, induces them to fall into the ranks of the labourers. When once however, the practice of labour has been fairly introduced into an asylum, the new comers are found in general without hesitation to fall into the practice, and there can hardly be a doubt, that, on a comparison of the idle and the working system, the latter as at present conducted, is much the most favourable to the patients comfort.

Dr. Jacobi has described, with his wonted ability, the qualities required in the character of those who are employed in the immediate attendance upon the insane; with equal feeling has he lamented the difficulty of obtaining attendants possessing the qualities which are so desirable. The business of an attendant requires him to counteract some of the strongest principles of our common nature. It is difficult even to describe the not unfrequent characteristics of patients labouring under insanity, without exciting some degree of aversion towards them. These poor creatures are often spoken of as proud, sullen, cunning, ill-tempered, malicious, or revengeful; and it requires some reflection to check the feelings which are naturally excited by such a description. How much more powerful then in producing disgust and aversion must be the exhibition of these qualities when directed towards the attendant himself, and unaccompanied as they must be with any of those circumstances which often give a colour of nobility to our evil passions. The class of patients of which we are speaking, have frequently a degree of rationality, contrivance, and self-command, which gives much of the character of responsibility to their actions, and naturally leads to feelings of resentment. The notion is very apt to be excited in vulgar minds, and well would it be if it were confined to this class, that the patient is "more knave than fool", and when it is considered, that the attendant, under these feelings, is invested

with authority, it is not surprising that instances of abuse so frequently occur. But the weakness of the insane, no less than their irregular activity exposes them to abuse or neglect. There is practically but little pity excited by the childish follies, the illusions, the self-importance, and the nervous apprehensions of disordered minds. The weakness of infancy, sickness, and age, excite emotions which lead to their protection and help: but the sufferer under insanity, in most of its forms, excites rather the feelings of fear, repugnance, or contempt. Even in the minds of the most humane and enlightened persons, there is a strong tendency to look upon them as a degraded class, and as not claiming that attention; sympathy, and respect, which is really due to them. Can it be surprising then, if it be so difficult to meet with persons to fill properly the post of attendant on the insane, that instances of neglect or abuse so frequently occur? "I believe," says Dr. Jacobi, "that this difficulty will never be surmounted till the spirit of the age becomes so far changed as to induce persons of cultivated minds and benevolent hearts, to devote themselves to this employment from religious motives." \* Such attendants would indeed be invaluable; experience however, in England, as well as in Germany, does not lead us to expect a supply of this class: we do however occasionally meet with attendants, who, though they may be primarily seeking to obtain a livelihood, are governed in their conduct by religious principle;—who have hearts full of sympathy, and who, whatever else they may be ignorant of, have learned to think of the things of others as well as of their own:—and again I would say, that this sympathising, unselfish character, which is generally connected with firmness and energy of mind, is what we primarily want in all who have the charge of the insane. These traits are, however, by no means commonly found in attendants: if happily they characterize the chief officer of an establishment, he will find how needful it is to be ever watching against the defects of his assistants, and, both in himself and others assiduously to check that indifferency and disrespect which so insensibly creeps upon the mind from the constant intercourse with irrational and

\* Page 196.

entirely dependent persons. It should however always be borne in mind, that the respectable attendants are themselves the objects of consideration and sympathy on the part of their superiors; and that their experience and judgment on many practical occasions, is deserving of respectful attention.

It may be observed, that the degree in which personal restraint is required towards the patients, depends very much upon the character of the attendants. Many fits of excitement, or acts of violence, which appear to justify coercion, would be prevented by a little kind consideration and judgment. There are many ways which can hardly be specified, by which an attendant may provoke a patient; nor are the arts by which an irritable excitable mind is soothed, more easy of description. There is no doubt, that the restriction of the *power* of attendants, and the not allowing them to impose personal restraint, without the consent of the Superintendent, has a tendency to lead them to cultivate the arts of prevention; and it may now I believe be said to be established, that, under fair management, the number of patients subjected to any kind of mechanical restraint, either by day or night, will rarely exceed *five out of a hundred*, and sometimes no one out of this number will be found to require it. It is even asserted, that all mechanical means of restraint may be *entirely and advantageously* superseded in our asylums, by the exercise of moral influence. The very important experiments commenced at Lincoln, and now carrying on at Hanwell, have not yet, I venture to say, quite determined the question in the affirmative.

I freely acknowledge the conviction that there are cases in which, under the most favourable management, we should best consult the feelings of the patient, as well as the comfort of his companions, by the application of mechanical means of restraint. Certainly there are cases in which the patient himself solicits it—where the reason struggles with the impetuous delusion, and finds even in a degree of restraint, which upon a man not insane would be no prevention to mischief, a help to self-control, a check upon the specific mode of action to which the malign influence impels him. Such cases are not very common, neither are they very rare. I have witnessed them, in connexion



with a strong disposition to strike others, as well as with an occasional rushing impulse to a particular means of self-injury. There are also cases in which no struggle of the reason is perceived, marked by a determined disposition to violent and dangerous action, or a strong active suicidal tendency, in which I apprehend some restraint upon the free action of the body must be imposed, either by the *passive* resistance of mechanical applications, or by the active coercion of human force. It may be said, that these violent paroxysms are seldom of long continuance; but they are sometimes of sufficient duration to weary the patience, exhaust the mental and even animal resources, and excite the feelings of fear, resentment, or disgust in the mind of the attendant. If the patient is not to be restrained by a strap, are there no other vulgar appliances within the attendants reach by which he may *overawe* the unhappy subject of his care? I fear and believe there are; and that in the struggles which cannot fail occasionally to take place, fear may be excited, sufferings may be inflicted, far more distressing than those occasioned by the right application of mechanical restraint, with this additional disadvantage, that they are less open to public notice. Nothing is more to be deprecated in the management of the insane, than protracted struggles between them and their care-takers. In our large institutions, the attendants must be left to a very great extent, to carry out the directions of the superintendent in their own way and spirit, and this, our knowledge of attendants as a class, hardly justifies us in expecting, will even *generally* be the best. This liability to abuse and perversion, even under enlightened management deserves consideration, but if the system has to be carried out by a reluctant or inefficient officer, or is left mainly to the ordinary attendants, there can hardly be a doubt of its inexpediency. The law of brute force, by which men so constantly tend to accomplish their ends, acts through an almost infinite variety of means, and neither chains nor straps are absolutely essential to its most cruel application. I allude here not merely to the undue excitement of fear, which, in so many ways, is within the power of an attendant, but also to those medical applications, if so they may be called, which Dr. Jacobi so justly reprobates in

the present work,\* those swingings, whirlings, suspensions, half drowning and other violent expedients, by which some continental Physicians have sought to frighten the unhappy subject of insanity into reason, or at least into subjection.

It is not many years since, in some asylums, a large proportion of the patients were under personal restraint by day, and all of them by night. The diminution of trouble to the officers and attendants appeared to be the governing principle of their management. The change which has taken place in nearly all our asylums is truly encouraging; and who can visit or contemplate the establishment at Hanwell, containing eight hundred insane persons, governed without any personal restraint, without admiration and surprise? From the zeal, talents, and integrity of Dr. Conolly, we shall doubtless learn in the most satisfactory manner, the further results of this large and extraordinary experiment; and in the mean time the consideration which the proceedings at Lincoln and Hanwell have induced, as to whether, in our respective asylums, we may not safely and advantageously at least, still further diminish, the amount of personal restraint, is operating and will continue to operate very beneficially.

### III.—*On the Construction of Hospitals for the Insane.*

The few observations which I proceed to make, will chiefly refer to the general outline, and to some of the particular arrangements which Dr. Jacobi has proposed in the present work. He has stated with great clearness, the peculiarities which attach to hospitals of this description, and the objects which require to be steadily kept in mind in their arrangement. His views on these points will not fail to meet with general assent. They are indeed essentially those which have governed the construction of our best modern asylums. But notwithstanding this agreement in general principles, there has evidently been a great diversity of sentiment as to the comparative importance of the various wants of a large family of insane persons; and, consequently, as to the form or arrangement of buildings by which they may be best provided for.

\* See p. 171 and Note.

It is therefore an important part of Dr. Jacobi's work, in which he examines the extent to which the several objects which he has laid down can be safely pursued, with a due regard to others; and in which he describes the combined arrangements of the various parts of a building, by which the whole of the wants of the inmates may be most effectually provided for.

It may not be uninteresting to notice here some of the steps of improvement in regard to the construction of asylums in Great Britain. The Asylum at Glasgow I believe to have been the first structure of the kind which was planned with an enlarged and enlightened view of the wants of the insane; but the architect, W. Stark, whilst recognising every principle laid down by Dr. Jacobi, and carrying them out with great skill, had evidently *most prominently* before him the providing for the easy inspection of the patients and the attendants by the superintending officers: he therefore adopted the *panopticon* plan, which had been used in the construction of some of the best prisons of that day. The building consisted of four radiating wings from a common centre, in which was placed the apartments of the superintendents and the main staircase of the building. The mind of the architect was strongly impressed with the evils of direct abuse and neglect of the patients, which he had found to be prevalent in the hospitals for the insane; but there is reason to believe that he subsequently saw that the form of building which he had first chosen, adapted as it was to easy inspection, did not provide best for the combined wants of the inmates of an asylum.\* In the plan for the Asylum at Dundee, which the same architect was engaged in erecting at the time of his decease, he did not adopt it. In the plan of this building, he may be said to have cut his radiating plan into two parts, and straightening the oblique lines, to have placed them at a distance from each other, united by a building of considerable length. The principal wards of the men and women were thus separated from each other, by their being placed in distinct wings, with directly opposite aspects, and at right angles with the common centre. Thus there were three straight-lined buildings; the centre appro-

See p. 38 of this work, and the note, p. 40.



piated to the officers, to domestic purposes, and to a few patients of the higher class: the wings on the right and left, to the men and women patients respectively. This is what has since been called the H form. It is obvious, that it affords the most complete separation of the sexes, a large space for airing courts contiguous to the wards of the patients, and overlooked by them, and an unobstructed course for light and air; thus providing effectually for the ventilation of the apartments. The day-rooms of the patients, who were divided into three classes, were placed in the centre of each wing, and were thus brought near to each other, and within a very moderate distance of the superior officer's apartments, and of the domestic offices. By this arrangement, easy inspection was sufficiently provided for, the eating-rooms were not far from the domestic offices, and the contiguity of the day-rooms to each other, appeared likely to facilitate the assistance of one attendant by another in cases of emergency.

Considerations of this kind, without any knowledge of the construction of the Dundee Asylum, led to the adoption of this form in the building at Wakefield, for the insane paupers of the West Riding of Yorkshire. This asylum was erected in the year 1815, for from 150 to 200 patients. It was designed that none of their day-apartments should have been on the third story, but the irregularities of the ground led to their being so placed on one side of the building. The plan of this asylum provided twelve day-rooms, six for each sex, so that the patients might be divided into six classes, or into two general divisions of three classes each. The day-rooms were so placed as to communicate readily with the airing-courts, one of which was appropriated to each class, without any communication with another. The upper galleries communicated with their airing yards by easy staircases; and all the courts were overlooked by one or more of the rooms; the projecting room, in the centre of each wing, however, obstructed the view of the courts on its right from the galleries on its left side. This was thought to be rather advantageous, as the conduct of the patients of the worst class was thus removed from the observation of the others. It was believed that on this plan easy inspection of the patients by

the attendants, and of these by the superior officers, was obtained; that ample means of classification were afforded; and that the comfort of the patient was promoted by the provision of rooms, galleries, and airing courts immediately communicating with each other; by which the patients of each class might, within their proper limits, be as much as possible the master of their own actions, and come into or go out of their respective galleries and airing courts at pleasure. The very worst patients were provided for, not in a distinct building, but at the extremity of one of the wings, by a gallery and suite of rooms, communicating by a door with the general division of the lowest class. It was thought better that some inconvenience should arise to a part of the house from their noise, than that this class should be entirely detached and exposed to the danger of unobserved neglect and abuse. There is no point on which intelligent managers of the insane are more agreed than as to the special care, on the part of the superior officers, which the most offensive and irritating patients require, to protect them from the improper conduct of their attendants.\* The provision, however, for this class, as regards space, might have been greater and somewhat more distinct than it is in the Wakefield Asylum, with advantage. I have dwelt rather more upon the features of this building, for the purpose of correcting some inaccuracies, which appear in the reference to the Wakefield Asylum, in this work. I would observe, that the principles on which the instructions to the architects, who gave plans for the asylum, were founded, and which were ably carried out in the plan that was adopted, have been necessarily violated by the building having been made to accommodate, owing to the pressure of the applications, twice the number of patients for which it was designed.

I come now to speak of the continental plans, and chiefly of that which Dr. Jacobi has laid down as a theoretical model, and to which the buildings at Siegburg have been as much as possible assimilated. The celebrated Esquirol has written ably on the subject of asylums; and those on the continent, erected ac-

\* See note, p. 33.

ording to his maxims, generally consist, where they are for a considerable number of patients, of a series of quadrangles, in some cases distinct from each other, and in others united by connecting buildings or corridors. The large establishment at Rouen consists of several parts quite distinct from each other, and necessarily covers a very great space of ground. The great object which Dr. Esquirol has had in view in his arrangement of this Establishment, appears to have been that of providing for the most complete separation of the various classes of patients from each other; and to this object other considerations, and more especially that of easy inspection, which was so prominent in the mind of the Glasgow architect, has been sacrificed. As Stark fell into the error of too close *concentration*, so Dr. Esquirol appears to me to have fallen into that of too great *dispersion* of the parts of his establishments. Dr. Jacobi, however, has corrected this error of that eminent master. His plan of a building for two hundred patients, attached to this work, is not subject to the objection made to that of the Rouen Asylum. It consists of four quadrangles, two of them united together by a central building of considerable length; and the others, which are devoted to the worst division consisting of the three lower classes of patients, connected with the centre by two corridors, one leading to the men's, and the other to the women's quadrangle. These latter are each of them adapted to thirty-six or forty patients, and therefore leave the other two quadrangles for the best division consisting of about one hundred and sixty patients. The relative position of these squares to the central connecting building is precisely the same, as that of the wings in the Wakefield Asylum to their connecting line; and if there be any advantage in the quadrangular form, there is no principle, that I am aware of, which has been had in view in the erection of the English asylum, violated by its adoption. The provision for the worst class has much to recommend it—the distance is not considerable, the communication is easy by a covered passage; it is better, as regards the very violent patients, to place them with a number of others at a distance from the other parts of the establishment, than to separate three, four, or

in regard to the patient's action, in going out and coming in at pleasure, a point which, in connexion with English habits and feelings, is of considerable importance. This object, as well as that of preventing collision between the several patients, and between them and their attendants, is greatly promoted by the division of the patients into moderately sized classes, and by not allowing their intermixture except on special occasions. The defect, however, if so it be, which I have ventured to suggest in Dr. Jacobi's plan, is by no means essential to the general form of his structure, and might easily be obviated; I imagine the arrangement is adopted to preserve as large a piece of ground together as possible, which is certainly an object worthy of consideration, though it appears to me to be obtained at too high a cost by the subjection to the inconveniences above enumerated.

In regard to the position of the windows in the apartment of the four lower classes, I must venture to express my decided dissent from the plan which Dr. Jacobi recommends. The windows in the apartments of the three lower classes, comprising about thirty-six of the patients of each sex, are placed at their lowest part at nine feet from the ground, so that from week to week, whilst in their apartments, they have no cheerful view of the surrounding objects. Doubtless there will be a number of these patients who are in a state of great indifference and apathy, and others in a state of great excitement; for the latter, at least at some times, a dark room may be the best accommodation; but at other times, the sight of external objects may tend to draw the mind from its internal suggestions; and even the idiotic or demented class, are not generally, wholly inaccessible to the cheering influences of free light, and the sight of objects beyond the walls of their enclosure. I should not object to the position of the windows for this class in their night apartments, if the windows in the galleries were placed so as to allow the inmates to see through them: certainly out of such a number of patients in our asylums, there would not fail to be a considerable number who might be safely permitted access to windows within the range of their eyes and hands. Dr. Jacobi, however, in regard to these classes, collectively, has adopted the

large class system; nearly all the members of them being allowed to meet together in their galleries, and thus it becomes necessary to make the whole submit to the precautions in these respects, which are required only for the few.

I am still more surprised to observe that Dr. Jacobi proposes that the windows in the apartments of the fourth class should be raised so as to prevent the patients seeing out of them. He places them at six feet from the ground, and they are still protected by inner wire guards to prevent the patients escaping when the windows are opened; and the wall, which is two feet thick, is sloped away from the window to the floor, so that if the patient climb up by a stool or table to look out of the window he still cannot approach it. There must surely be something very tantalizing and irritating in this; and where the number of attendants in proportion to the patients is so considerable as it is at Siegburg, I can hardly reconcile the adoption of such a plan with Dr. Jacobi's general views. There is scarcely any thing in regard to the construction of modern asylums, which has been more certainly attended with advantage than the making the windows of the day-rooms and galleries accessible to all but the very worst class of patients. As to the danger of escape, experience in the Wakefield and the York Asylum, as well as at the Retreat, has proved the ample security which is afforded by the cast iron windows, as well as their efficiency for ventilation. The upper half of the cast iron frame is not glazed, but immediately behind it is a wooden frame, divided in the same manner as the iron one, and glazed: this frame is hung in the usual manner of sash windows, and when open, the space is of course guarded by the iron window frame. The inconveniences which Dr. Jacobi says would attend their use, after forty years experience at the Retreat, and five and twenty years at the York Asylum, and at Wakefield, have really not been found to attend them.—*Though made of cast iron, the frames are not liable to be broken by violent patients; in winter the panes are not liable to be cracked by the expansion and contraction of the metal; there is but little difficulty in so fitting them as to exclude wind and rain; nor, with ordinary care in*



*painting, are they liable to rust, and to have an unsightly stream of coloured water running down, which would congeal in winter, so as to fix the sash and frame together.\** These notions of my excellent friend are quite contrary to our experience in England; and when he speaks of the windows requiring locks, and says that, when open to admit air, they require a guard, it is evident that he either did not, in writing this passage, understand the principle of the construction of the iron windows in the day rooms and galleries of the English asylums; or that he has had mainly in view the iron windows which are in use in Germany. He speaks with some degree of approbation of the smaller iron windows with horizontal sliding wooden frames in the lodging rooms of some English establishments, but justly observes, that the space which when fully open, they allow for air, is hardly sufficient for ventilation. The windows of the lodging rooms should be made in the manner, or upon the same principle, as those of the day rooms; and where needful the lower half of the window should be closed within, with wood or brick work. I would observe generally in regard to the construction of windows for asylums, that for the purposes of light, ventilation, and safety, there has not yet been any plan adopted which is to be compared with the cast-iron windows as they are found in the Wakefield and several other establishments.

#### IV. *Statistics of Insanity.*

The statistics of insanity are yet in their infancy. We are far from having ascertained with precision the extent to which insanity prevails in this and other countries, the probability of recovery under the principal forms and circumstances of the disease, or the amount of its influence on the duration of life. Upon each of these three points, more accurate information is much to be desired; and, upon the two latter, we want much more discrimination of circumstances in regard to the cases than we are yet supplied with, to enable us to draw such conclusions as may essentially subserve the interests of humanity and science.

Dr. Jacobi has certainly good grounds for the caution which he has given in the present work, in regard to the inferences which we may venture to draw from the facts hitherto obtained,

\* See p. 95, of Dr. Jacobi's Work.

relative to insanity: and more especially is this caution required in our judgment of the effects of treatment in various establishments for the insane. But, though statistical tables, exhibiting the results of various institutions, do not *alone* justify us in determining their comparative merits, yet they are the basis of the comparison; and they lead to the supply of that discriminating information which may in time determine, to a considerable extent, the actual influence of the means employed in various establishments. It is the principal object of the observations which I venture here to make, relative to the statistics of insanity, to point out the deficiencies of our information, under the three heads which I have enumerated; that those who are more competent may be induced to suggest and provide the remedies.

#### *I. Prevalence of Insanity.*

Nothing can be more vague and incorrect than the estimates which have been made, within comparatively a short period, of the proportion which the insane of England bear to the whole population. In the year 1810, Dr. Powell, then the Secretary to the Commissioners of Lunatics, read a paper on this subject before the Royal College of Physicians in London; in which he arrives at the very satisfactory conclusion, that only about one in each seven thousand three hundred of the population of England, according to the census of 1800, was afflicted with insanity.

Dr. Burrows, in his work entitled "An Inquiry relative to Insanity," published in the year 1820, shews clearly the fallacy of Dr. Powell's calculation; and taking the then recent returns to Parliament relative to the number of insane persons, as the basis of his estimate, but making very considerable additions to the numbers which those returns exhibited, on account of obvious deficiencies, he states the probable proportion of lunatics in England to the population, to be that of *one in two thousand*. This computation was soon found to present too favourable a view in regard to the prevalence of insanity. Sir A. Halliday, in a work published in 1828, shewed from recent returns, that the number of lunatics and idiots in England and Wales was at least eight thousand, or about one in every fifteen hundred and eighty-eight of the whole population.

About this time, several facilities appear to have been afforded for the forming a more correct estimate of the prevalence of insanity in England than had previously been the case. In 1829, Sir A. Halliday published a second work on the number of the insane and idiots in England and Wales; and having revised his previous calculations, he swells the number to 16,500; or, estimating the population of that period at 12,700,000, a proportion of one in 769. Notwithstanding this great increase in the estimated proportion, Sir Andrew appears apprehensive that he is still below the truth.

In the year 1836, in pursuance of an address to the Crown, returns were made by the overseers of the various parishes in England and Wales, of the *pauper* lunatics and idiots within their respective districts; and from these returns it appeared that there were 13,667 of these afflicted persons chargeable to their parishes;—being a proportion of very nearly one in each thousand of the whole population of 13,897,187, as returned in 1831.

As these returns of the overseers were verified on oath, it may be presumed that they were made with considerable care; yet it is very probable that they err on the side of deficiency. Apart from all wilful negligence, it is easy to see how omissions in the returns might occur; and as the form which had to be filled up required the distinction of those pauper lunatics who were not in any asylum, (and the law, in regard to the placing of pauper lunatics under proper care, is of a stringent character,) it is obvious that there would be no temptation to include more who were not in asylums, within the class of lunatic and idiot, than was actually necessary. Doubtless there is always a very considerable number of insane persons in the humbler walks of life, who have not become chargeable to their parishes: in the case of poor men, of the lowest class, especially when they have families to support, a state of mental disturbance, preventing continuous labour, soon brings them under the care of the parish; but in the case of a wife or daughter, insanity is often of long continuance before the afflicted party claims parochial care. In the case of insane men, who are just raised above the lowest class, and who have never been familiar with parochial aid, a great struggle is

made, and much time frequently elapses before the patient is placed under any suitable care.

Without doubt, however, this return may be considered as the most valuable statistical document relative to the prevalence of insanity in England, which we have yet been presented with. From what proportion of the whole population the cases included in this return are drawn, it is not very easy to determine; in as much as the calamity of insanity brings many persons within the class of paupers, who would not be found in it under ordinary illnesses. We may, however, approximate to this proportion sufficiently near to draw from it a practical conclusion. The persons actually receiving relief in England and Wales, appear to form about one-fifteenth part of the whole population; and if we consider each of these persons as the centre of a pauper family, consisting of five persons, we shall have an existing pauper class amounting to about one-third of the population of South Britain; and extending the field of pauperism in its connexion with cases of insanity, as the circumstances of the case require, I apprehend we may consider the lunatics and idiots, reported to be chargeable to their respective parishes, as being drawn from nearly, if not quite, one half of our whole population. If this be a correct estimate, and we may consider the higher and middle classes of society as equally liable to mental disease with the lower, we arrive at the conclusion that insanity prevails in England and Wales in the proportion of at least one in every five hundred of its inhabitants.

But it may reasonably be asked, is the assumption in regard to the relative proportion of the insane in the upper and lower classes a correct one? It must be admitted, that it is not founded on statistical data; and I observe that Dr. Pritchard, in his valuable "Treatise on Insanity," in which he treats so ably of the causes of the disease and of the tendency of various circumstances in human condition to its production, has not ventured a decided opinion as to the comparative prevalence of insanity in the several ranks of society. His review, however, of the prevalent causes does not I think lead to the conclusion, that mental diseases are likely to be more prevalent in the lower than in the upper classes. Dr. Esquirol expresses a decided opinion that



the rich are *more subject to these diseases than the poor.*\* It must, nevertheless, be confessed that the history of *the causes of insanity*, which is obtained by our public asylums, is very imperfect indeed; and is therefore far from exhibiting the influence of the various circumstances of the poor, in inducing insanity.—The history of the predisposing causes is particularly defective.

It is to be regretted that we are not able to judge from direct returns of the prevalence of insanity in the middle and higher classes, more correctly than at present we are able to do. The Metropolitan Commissioners in lunacy are the body from whom our chief information, respecting these classes, is to be derived: to them a return is annually made of the number of inmates in the various licensed houses in South Britain, and also of those containing a single insane person placed under care from home: it is much to be desired that these returns should be published annually. As the paupers confined in licensed houses are distinguished from others in the returns made to the Commissioners, we should have presented to us an enumeration of probably the greater portion of the insane from the middle and higher classes of society. It would, however, be very far from exhibiting the whole. The return would not include those lunatics of the higher and middle classes who are confined in houses erected by private benevolence, where the poor and the rich are admitted on terms suited to their circumstances; nor those in county asylums of a mixed character; nor the large number, especially of the higher class, who are either attended at home, or so placed as not to come into any public return: and, neither this enumeration of the Commissioners, nor that of the paupers, previously referred to, would embrace many of the patients in Bethlem

\*“La fréquence de la folie est toujours en rapport avec les professions qui rendent l’homme plus dépendant des vicissitudes sociales: ainsi, loin de priver le palais des rois, l’aliénation mentale y est plus fréquente qu’ailleurs. Aristote demande pourquoi les grands législateurs sont tous mélancoliques, les courtisans, les hommes éminens de la société, les riches sont plus sujets à cette maladie que le pauvre. Les militaires jouets des caprices de la fortune, les négocians, surtout ceux qui font des spéculations hasardeuses, les employés dont l’existence dépend de la volonté de leur chefs, courent le même danger.”—*Des Maladies Mentales*, Tome 1, p. 44.



and St. Luke's Hospitals, in the Naval and Military Asylums, and in gaols.

It may be here observed that, whilst the beneficial influence of the inquiries of Parliament into the actual condition of the insane in England, can hardly be overrated; the returns which have been made to it, in regard to the actual number of insane persons, with the exception of that of pauper lunatics and idiots, in 1836, are so imperfect, that they are of very little value.

Some evidence in favour, or otherwise, of our conjectural calculation, may perhaps be derived from inquiries which have been made in regard to the prevalence of insanity, in particular districts, or in select communities. I will therefore here state the result of a careful inquiry as to the number of lunatics and idiots in the district included in the York Poor Law Union; and will also refer to the prevalence of insanity in the religious community of the Friends or Quakers.

The York Poor Law Union, which includes an area of about 266 square miles, contains a population, according to the census of 1831, of 38,564 persons, of which 26,309 were in the city, and 12,225 in the rural districts. The increase since 1831 may be considered as making the number of the city 30,000, and that of the rural district 13,000, being a total of 43,000. Pauperism appears to prevail to nearly the same extent in the two districts of the Union. In the city, one in seventeen of its population is chargeable to the Union; and in the country district the proportion is one in eighteen. Owing probably to their having long been two considerable public establishments for the insane in the city, and to the reputation of their medical officers, York has become a sort of centre for the treatment of insanity. There are numerous private asylums; and it is therefore probable that a large proportion of the cases of insanity, occurring in the middle and higher classes of the community within the Union, will be placed in one or other of the public or private asylums within its range. This circumstance facilitated greatly the inquiry into the number of the insane *not paupers*, within the Union; the managers of the various establishments having, with great readiness and courtesy, answered the questions I had occasion to put to them.

The following table exhibits the result of my inquiry.

*List of Persons reported to be insane or idiotic within the City and Rural districts of the York Poor Law Union, distinguishing those who are Paupers from others.*

CITY DISTRICT.				RURAL DISTRICT.			
PAUPERS.	Insane. M. F.	Idiotic M. F.	Weak. M. F.	Insane. M. F.	Idiotic M. F.	Weak. M. F.	
In Asylums.	8   8			3   4			
At home or in the Workhouse. }	3   6	3   6		1   2	2   3	3   5	
Total of Paupers.	11   14	3   6		4   6	2   3	3   5	
NOT PAUPERS.							
In Asylums.	14   11			11   9			
Under Private Care.	1			2   2	1	4   5	
Total not Paupers.	15   11	0   0		13   11	1	4   51	
Total of Paupers, and others.	26   25	3   6		17   17	2   4	7   10	
SUMMARY.	CITY POPULATION			RURAL POPULATION			
City—Insane	50	estimated at		estimated at			
Idiots	9	30,000		13,000.			
Rural—Insane	34	1831—26,309.		1831—12,255.			
Idiots	6						
	100						
Rural—Weak	17	Paupers of all classes		Paupers of all classes			
	117	nearly one in eighteen		nearly one in seventeen			
		of the whole Population		of the whole Population			
		of the City District.		of the Rural District.			

I have already stated that pauperism prevails to very nearly the same extent in the City and Rural district; and it may be observed that in the two districts, the proportion of insane and idiotic paupers to the respective populations, does not materially differ, being 1 in 882 in the City, and 1 in 866 in the Rural district. The number of the insane and idiots, who are not chargeable to the Union, of the middle and higher classes of society, appears in the table to be much less in the city, in proportion to its population, than in the rural district; the proportion being in the former, 1 in 1200; and in the latter, 1 in 500. Much, if not the whole of this discrepancy, may, I am persuaded, be fairly attributed to the greater facility of arriving at the truth in the one case than in the other. In a thinly peopled district, it is much easier to ascertain such particulars as we are now inquiring into, than in the dense population of a large town or city. I am greatly indebted for the return from the rural district to the care and pains of the accurate and intelligent relieving officer of the rural division of the Union. In riding from one village to another, within his circuit, he was able to ascertain the actual circumstances of almost every household. In addition to the number of the insane and idiots, he has also inserted in his return the number of persons who, though not decidedly idiotic, were unable, from deficient intellect, to support themselves; and on that account were receiving relief from the Union, or who not being paupers, were, by the common consent of their neighbours, pronounced *weak* persons. The number of these weak persons, paupers and others, will be seen to be *seventeen*; or 1 in 770 of the population of the rural district. It will be observed that, in the city return, I have no report of this class of persons; nor, which is more important, with the exception of a single case, of the number of the insane or idiots of the middle and higher classes, who are under private care. I have no doubt that the number of these is very considerable; and also that there are patients of the higher class belonging to the city district, who are placed in distant private asylums, of which I have no return. If these deficiencies could be supplied, it appears to me *highly* probable that, the proportion of insane and idiots, of the middle and higher

classes in the city, would not be materially different from that in the country district; and this opinion is strengthened by the coincidence in the proportion of paupers of unsound mind in the two districts being so much alike. But taking the table as it is, we have in the city district, a proportion of 1 in 500; and in the rural district of 1 in 325; and in the whole Union, a proportion of 1 in 430, of the whole population, who are in a state of insanity ity or idiotism. If we had included, under the head of idiots, in the rural district, those who are of decidedly weak intellect, we should have had a proportion of rather more than 1 person of unsound mind in every 200 of its population.

It may justly be observed that, the results of a single census, such as I have here reported, cannot be entirely relied on as exhibiting the true average extent to which insanity prevails in this district. Repeated inquiries, at considerable intervals of time, would be requisite to determine this point; and I am also aware, that even if the *true average* of the district in question, were determined, we should be far from having ascertained precisely the extent to which insanity prevails in the nation at large. It may, however, I believe, be most fairly asserted, that no peculiar circumstances have been in operation of late in the rural district of the York Poor Law Union, calculated to excite insanity; and that there are no existing causes of a permanent character which would lead us to expect an extraordinary prevalence of insanity either in the city or rural district of this Union. Indeed the contrary expectation might, I think, reasonably be entertained. The actual supply of human wants is more equally distributed than in many districts. The supply of labour, and consequently the wages of the labourer, do not fluctuate greatly; there is, therefore, very little of that excitement which prevails in manufacturing districts in times of prosperity, or of that absolute misery and destitution which prevail in times of manufacturing depression. These fluctuations in the condition of a community, must doubtless be ranked among the exciting causes of insanity, even independently of the intemperance which such a state of things is generally found to engender. The wages of the rural labourer are decidedly higher than the average of the rural districts of

England. The labourers are, many of them, depositors to a very considerable extent, in the York Savings' Bank; and the circumstances of that excellent institution, no less than the records of crime, within the City and neighbourhood, speak comparatively well of the social and moral condition of the population of the districts.

Large then, as is the proportion of the insane and idiots, within the York Union, when compared with even the calculation of Sir A. Halliday, I still venture to express the opinion, that taking together the returns from both the divisions, they present a too favourable view of the actual prevalence of insanity in South Britain.

It is not irrelevant to our general inquiry, to take into view the experience of select communities in England, in regard to the prevalence of insanity among their members; and it bears decidedly upon the kindred and very interesting inquiry, as to the circumstances and conditions of man, which are favourable or otherwise to mental health. With this view I introduce the following particulars, relative to the Society of Friends.

At the time when the Retreat, near York was established, (in the year 1796,) the opinion prevailed that insanity was of very rare occurrence in this body. Dr. Haslam, at that time Apothecary of Bethlem Hospital, in his "Observations on Madness," published about that time, expressed the opinion that the Society was nearly exempt from this greatest of human calamities. The projectors of the Retreat were thought, by some of their own friends, to be making too large a provision for its wants, in proposing a building for thirty patients; so little is the value of general uninvestigating computations of aggregate quantities.

The successful management of the institution, soon brought it into general favour, and it gained so completely the esteem and confidence of the Society, that a very large proportion indeed, of the cases of insanity which occurred among its members, were, from time to time, placed under its care. This was encouraged by the low terms on which patients of the poorer class were admitted to its benefits, and also by the ready supply of the wants of the poor, which the economy of the Society provides. It is practically



the business of the overseers, who are charged with the care of the poor, not to try how long a poor afflicted family may be prevented from becoming chargeable on the Society's funds, but how soon, and how best, the wants of the needy may be removed or alleviated. Poverty is, therefore, in no case, a bar to the placing of cases of insanity under proper care. Every body also, in this community, knows how and where to apply, when cases of insanity occur. It is therefore obvious, that all these facilities, so much greater than are found in the community at large, must materially affect the number of cases which are brought under notice, and which come into the general enumeration.

The Retreat has now been established 44 years, and dividing this period into two parts, the first of twenty-four years, and the latter of twenty; the following statement, will exhibit the average number of members of the Society of Friends, in the Retreat, within each series.

	Males.	Females.	Total.
From 1796 to 1820....	19.77	29.08	48.84
“ 1820 to 1840....	29.50	41.48	70.98
Average, 44 years ....	24.13	34.77	58.90

The larger number, or that in the latter of these series of years, may, I believe, be fairly taken as the basis of our estimate of the actual number of insane persons in the Society of Friends. This number, (70.98,) probably approaches nearer to a true census, than any computation of the aggregate number of the insane among the population of England, which has hitherto been made. Taking then the annexed number of patients resident in the Retreat, from 1820 to 1840, at 71, and estimating the number of the Society of Friends, in 1830, at about 20,000, we have here a proportion of one insane person to less than every 300 of the population.

It is well known, however, that there are many individual cases of insanity, *existing* among the members of this Society, which are not under the care of the Retreat; and therefore, that the proportion of cases to the population, is larger than the preceding statement exhibits. If the circumstances of the members of the Society of Friends generally, and of their insane individuals in particular, were the same as those which

attach to the community in general, we should be led to infer, that the prevalence of insanity, in England, has indeed been most affectingly underrated; but before we draw this conclusion, or indulge in any speculations in connexion with the facts, as regards the Society of Friends, let us carefully look at a few circumstances, which are *peculiar* to the insane and idiotic class in this Society.

I would, in the first place, observe that the proportion of the *existing* cases of insanity, in any community, is not, *alone*, the test of the comparative liability of that community to the disorder. In other words, the actually *occurring cases* may be *fewest*, where the proportion of *existing cases* is the *greatest*.

Thus, if in one community, the average annual mortality of its lunatics, be double that of another, it is quite obvious that the comparison of the existing number of the insane, in the two communities, cannot, without a due consideration of the difference in the rate of mortality, indicate their comparative liability to insanity.

This hypothetical statement, represents the first peculiar circumstance in the case of the insane and idiotic class of the Society of Friends. The average annual mortality among the patients at the Retreat, during the 44 years of its existence, is under 5 per cent.; whilst there is good reason to believe, that the annual mortality of the public and private asylums, in England, during the same period, has materially exceeded 10 per cent.

The average annual mortality in the asylums within the metropolitan district, not including that at Hanwell, or Bethlem, or St. Luke's Hospital, appears by the reports of the commissioners, to have been 15 per cent.; and the mortality in two of our largest County Asylums, viz., Hanwell and Wakefield is, in the former, more than 11, and in the latter, 16 per cent.

If then, we reckon the mortality of lunatics, confined in private and public asylums, of all classes, in England and Wales, at  $12\frac{1}{2}$  per cent. during the past 40 years: and if this rate of mortality had prevailed amongst the patients at the Retreat, during the same period, the existing number would have been reduced, by

this circumstance alone, to less than one half of its present amount; it being quite obvious that a decrease of deaths, and an increase of numbers, must affect population in the same manner.

But another peculiarity of the case we are investigating must be noted. It is ascertained, that the patients at the Retreat remain much longer under care, than do the patients of most other establishments. This arises partly, if not altogether, from circumstances independent of the curative process. It may be asserted, that no poor patient is removed from this institution before recovery is established, on the ground of expense;—on the contrary, patients of this class generally remain the longest under care; and it may also be stated, as an occurrence not unfrequent, that the patient, when arrived at the point which would perhaps justify discharge, continues awhile from prudential considerations, either till he feels himself more perfectly prepared to return to society, or till some suitable situation is found for him.

The institution thus affords a temporary *retreat* for many who are not, perhaps, strong in mind, but who cannot be pronounced insane. It happens, however, sometimes, that during this probation, the patient relapses, and his discharge is of course further delayed. These circumstances, I believe, go far to explain the fact, that the patients who are discharged cured, from the Retreat, remain twice as long in the institution as the same class do who are discharged from the York Asylum; the average periods of residence for those who recover, being twelve months in the former, and six months in the latter institution.

I could enumerate several other circumstances connected with the peculiar economy of the Society of Friends, and the character of the Retreat, which tend to swell the enumerated proportion of its lunatics;—but enough, I apprehend, has been stated for our present purpose. It may be asserted, with regard to this or any other calamity, to which man is incident, that the known number of cases will always increase in proportion to the facilities of relief which are afforded. If, throughout England, there was the same readiness of access to a well conducted asylum, as that which the Society of Friends possess; if there was no anxiety on the part of parishes, to remove patients as early

as possible, on the ground of expense, so that, when convalescent, the patients often remained for months in the asylum for their convenience or more complete establishment, and therefore were much longer enumerated among the insane;—and if, from whatever causes arising, the mortality of the patients was reduced to less than half its present amount, it is impossible to say to what extent the estimated number of the insane, in England, would be enlarged; although, let it be remembered, that under such a system of provision as is here supposed, the number of cases of confirmed insanity which occurred would be diminished, and the misery connected with it would be decreased to an incalculable extent.

And if, to reverse this summary of the case, the circumstances in connexion with insanity, which obtain in the community at large, prevailed in the Society of Friends, there is good reason to believe that the estimated number of its cases would, at any rate not exceed one-third of the present amount. Yet the proportion, to its population which would then remain, in this select portion of the community, distinguished on the whole for moral order and social peace, whose members are all effectually protected from want, and few of them possessed of great wealth, tends strongly to confirm the view which has been taken of the hitherto inadequate estimate of the extent to which insanity prevails in England.

It may, however, be asked, whether there are not some causes of insanity, either *exciting* or *predisposing*, which are peculiar to this society, and which tend to increase the prevalence of the disease amongst its members. To enter fully into the inquiry would be out of place on the present occasion; but I venture to assert, as the result of a pretty intimate acquaintance with nearly every case which has come under the care of the Retreat, since its establishment, that the number of cases in which the exciting cause appears to be traceable to the peculiar character of the society form a very small proportion of the whole; and those in which I think its influence may be traced are chiefly found in connexion with the cultivation of the social and moral feelings. But whether the cultivation of these feelings does not do much more to



sheath and protect many delicate, and perhaps predisposed minds from the attacks of disease, than it is the means of exposing to it, is a question beyond the reach of statistical investigation; there is great reason to believe that it does, and it will hardly I believe, be doubted by any one intimately acquainted with the general conduct of the members of this society, under the influence of domestic grief, or other mental anxiety.

There have been very few cases indeed in which religious feelings can be said to have been the exciting cause of insanity, in the patients placed at the Retreat; neither, which I acknowledge has surprised me, are there many cases which can be traced to the excitement, suspense, and disappointment connected with extensive commerce. The "Friends" may be said to be a trading people; perhaps, however, they are not to any considerable extent engaged in the more speculative departments of commerce. There have been many cases brought under the care of the Retreat, in which "anxiety respecting business" has been stated as the exciting cause: but in a large proportion of these cases, the amount or complication of the affairs was such as to appear wholly insufficient to disturb a mind of tolerable soundness and vigour. The true explanation of many of these cases, I believe is, that when once the energies of the mind are enfeebled,—and this state may be induced by causes which elude investigation, or which the relatives of patients may not have observed,—the ordinary cares of life press too heavily on the sufferer, and the inability to discharge them with ease and propriety leads to that anxiety which is often mistaken for the primary cause of the disease.

On the whole I am led, very decidedly, to the conviction that the exciting causes of insanity, which prevail in this select body, are much fewer than those which are found in the community at large.

It is much more difficult to form a judgment of the comparative extent to which peculiar *predisposing* causes prevail in this society. Dr. Burrows, finding that the proportion of existing cases of insanity, was large, and unaware of the true explanation of the fact, has attributed it to a greater prevalent



*predisposition* arising from the close intermarriages of the members of this small society. He admitted fully, that the exciting causes of insanity must be fewer within its pale, than in the community at large, and therefore naturally sought the explanation among the predisposing causes; but it happens that though the members of the society marry amongst themselves, they do not marry *near of kin*, the marriage of first cousins being contrary to their rules; and the extensive acquaintance and intercourse which prevails amongst the members residing in various parts of the kingdom, leads to the union of families, by marriage, very widely separated from each other. There cannot, therefore, it would appear, be much of increased predisposition from the intermarriage of the members of the society; and there is no evidence that the predisposing causes are more numerous within it, than in society at large. The number of actual idiots in this community is very small; but a considerable number of the patients at the Retreat, appear to have been congenitally weak or peculiar, though not to a degree which separated them from the common offices of life; and many who would not be included in this class, appear to have possessed very small powers; their minds being of so frail a character, that slight occasions of excitement, or of disturbance, have been sufficient to cause their derangement. The number of cases is comparatively small, in which persons of naturally healthy vigorous mind, have come under the care of the Retreat; and the history of its cases to a great extent confirms the opinion of Dr. Prichard, that "mental derangement, considered generally, or with respect to the aggregate number of cases, may be looked upon rather as a congenital imperfection, than as a disease resulting from external impressions." It seems then, that this conclusion which has so often forced itself upon us, in looking over the history of the cases at the Retreat, does not indicate any thing particular in the character of the patients who are sent to that institution. In searching for predisposing causes of insanity in this community, it may not be improper to mention one circumstance connected with the domestic character of the society, which may possibly bear upon the subject.

The mortality of infants in the Society of Friends is, very materially less than that which is represented in the general returns of the kingdom; and the question that arises out of this fact is, whether a greater number of children with "defective structure of the brain" are not thus reared? If the answer should be in the affirmative, we should still have to inquire whether the vice and misery out of which arises the sacrifice of so many infant lives, in the community at large, do not produce far more cases of congenital predisposition to insanity, than are found amongst those, who under Quaker habits, are preserved alive.

The consideration of this inquiry may probably throw some light on the question: why there are so few idiots among the members of the Society of Friends, in comparison with the insane.

There is another peculiar circumstance of this society which ought to be mentioned. Marriage is less general among its members, and is very often deferred to a later period than is the case in the community at large. This practice arises out of no honour of celibacy, but from the prevalence of the prudential check, which exists, notwithstanding the liberal provision which the Society of Friends makes for its poor members. Malthus himself, could not have wished for fewer imprudent early marriages, than take place amongst them. The standard of due provision, previous to engaging in marriage, is, I believe, full high; and perhaps might, not unfrequently, be traced to a mixture of pride with prudence; but be this as it may, the fact is, that the annual proportion of marriages among Friends, is materially less than that of the community at large; and I am inclined to believe that this fact is not to be wholly overlooked among the circumstances affecting the prevalence of insanity. At the same time, I must state, that on a close investigation of the cases which have come under care at the Retreat, there are very few which can be clearly connected with this peculiar feature of the society. Its influence, however, as a predisposing cause, is probably greater than any investigation can detect. At the same time, it cannot be doubted, that the poverty and wretchedness connected with the imprudent marriages so common among the poor in general, are to be enumerated among the causes, both predisposing and

exciting, to mental derangement. In conclusion, it may, I believe be asserted, that the most careful inquiry, at the Retreat, into the causes of disorder amongst the members of the Society of Friends, leads to the decided conclusion, not only that there exists in it fewer *exciting* causes of insanity, than are found in society at large, but also, that it has not a larger proportion of *predisposing* causes.

If we are warranted in this conclusion, I think we derive from it additional and strong ground to believe, that the prevalence of insanity in England, has been greatly underrated.

That we should be led to this apprehension, is matter of painful reflection; but if it be well-founded, it should stimulate us to investigate the matter more fully; and if the apprehension be confirmed, to search into the causes of so fearful a prevalence, of this calamity, and, so far as may be permitted us, to discover and apply the remedies.

It is much to be regretted, that the statistics of insanity in England, are so imperfect. As Dr. Prichard has observed, in that part of his work on insanity which treats on its prevalence in England; there is no reason, in the nature of things, why our knowledge on this subject should remain so deficient; "If the proper care and attention were devoted to the subject, all the questions connected with this inquiry might, in a few years, be fully elucidated."

It may suggest itself as an argument against the estimate which has been made of the prevalence of insanity in England, that it so greatly exceeds that which has been formed of the extent of the disease in most other European nations. It may, however, be replied; first, that the statistics of our continental neighbours, in regard to insanity, are, with one exception, so much more imperfect than our own, that no comparison can be justly made as to the results;—and secondly, that we yet know too little of the influence of physical, social, and religious circumstances, in regard to mental disease, to warrant us in drawing any decided inference from the comparative condition of various countries.

I. In Norway alone, I believe, among continental nations, has there been anything like a strict and general inquiry as to the

number of insane persons within their bounds. The result of the inquiry in Norway, is a proportion of one insane person to every five hundred of the population. If, as I apprehend is the case, the provision for the insane has been extremely deficient in that country, and if consequently the disease has not claimed that attention which more extensive provision for it would induce; there cannot be a doubt, that as the provision increases, so will the standard of sanity advance, and the number of cases which are classed under the head of insanity, be increased.

In the Rhenish provinces, under the Prussian Government, an attempt has been made to estimate the number of lunatics, and the result has been a proportion of 1 in every 1000 of the population; but Dr. Jacobi, whose establishment at Siegburg is appropriated to the use of these provinces, is of opinion that the returns are very defective, and that the proportion may be estimated at least at 1 in 600.

In France, no general census has been attempted, and, therefore, as Dr. Prichard has observed, "no satisfactory sources of information on this subject exist."\* Dr. Esquirol, in 1824, estimated the proportion of the insane to the population in France, at 1 in 1750:† but he has subsequently enlarged his conjectural estimate to 1 in 1000.

In Italy, in 1833, Dr. Esquirol estimated the proportion at 1 in 3,785 of the population; but the statistics of Italy, in regard to insanity, as well as the provision for its treatment, are much more imperfect than those of France: probably pretty much in the proportion of their respective estimates of the prevalence of insanity amongst them. The Italian estimate rests mainly on the inquiries of Dr. Brierre, who has deduced it chiefly from the number of lunatics which he found to exist in twenty-one asylums, in the principal towns in Italy, in 1830.—Dr. Esquirol, in a visit to that country in 1833, found eleven hundred lunatics not included in Dr. Brierre's enumeration, and the proportion, which he has given is the result of their combined inquiries. It

\* Treatise on Insanity, Article, Statistics, p. 342.

† Des Maladies Mentales, Tome II, p. 742.



would, however, be wholly unsound to compare a result, resting on such imperfect data, with that which is derived from the so much *less* imperfect enumeration which has been made of the insane in England. If any comparison be made, it should be with the earlier English enumerations; in regard to the first of which, that of Dr. Powell, it has been judiciously remarked by Dr. Prichard, that "it shows how vain it was to make such an attempt with means so inadequate."

The fact, if it be so, that Italy with a population of about 17,000,000, exclusive of Sicily and Sardinia, contained but twenty-one considerable establishments for the insane, in 1830, forcibly exhibits the neglected state of that afflicted class, probably not very dissimilar from that of English lunatics fifty years ago, when many were shut up at home, or in out-houses, garrets, or dismal places, away from the haunts of men; and when not a few perished annually, from brutality and neglect.

II. It may, after all, be found that England, with all its civil and religious privileges, and its standard of moral conduct, has, in connexion with its wealth and commercial greatness, a greater proportion of insane persons than some, in other respects, less favoured states. It may even be found that a darkened understanding and a deadened conscience, (a state of mental disease truly,) are some protection against those aberrations of the mind which are denoted by the term insanity. The evidence, however, in regard to these interesting questions, must be noted as deficient to an extent which, I believe, does not warrant us to decide them. I venture, nevertheless, to say that the moral history of insanity, as it has been presented to us by the cases which have come under the care of the Retreat, lead decidedly to this general conclusion, viz., that the due development and exercise of the various physical organs, including, of course, those which more especially minister to the mind, and the subjection of the human will to the Divine law, are conditions as decidedly favourable to the integrity of the understanding, as they are to the perfect exhibition of the species, man. This general doctrine will, I apprehend, be assented to by most who have carefully studied the moral history of



insanity ; and some inferences may perhaps be safely drawn from it, as to the influence of circumstances in the production of the disease : it would, however, very imperfectly direct us in estimating the tendency of those combined and complicated circumstances, physical and moral, which distinguish the several communities of men in the different nations of Europe. A patient and careful collection of facts might throw a somewhat similar light on the influence of the accompaniments of our civilization in regard to mental sanity, to that which has been shed on the accompaniments of our manufacturing and commercial greatness in regard to health and the duration of life, by the new system of registration, and by the statistical inquiries into the condition of the people of Glasgow, Liverpool, Manchester and Leeds.

*On the statistics of recovery, and the duration of life in cases of insanity.*—It is an object of great importance to test, by their comparative results, the influence of various circumstances and modes of treatment on the condition of the insane ; and it is very favourable to this object, that the managers of our principal institutions are so ready to communicate the facts which their experience exhibits. We have already noticed Dr. Jacobi's opinion as to the caution which is required in comparing the results of various institutions, in regard to the proportion of their recoveries.

Comparisons of this kind have been sometimes made, without due consideration of the peculiar circumstances of the institutions compared ; and in a manner which has appeared to convey at least an indirect reflection where none was deserved.

The circumstances which mainly disturb the fair comparison of the results of various institutions, as regards the proportion of their recoveries, to the total number of the cases treated in them, and also, to some extent, as regards their proportion of deaths, may, I apprehend, be arranged under the following heads, viz.—

1st. The rules which regulate the admission or the discharge of patients ; as, where curables only are admitted, where the time of residence in the establishment is limited, or where the aged patients and the quiet chronic cases in general are removed to what are called in Germany safety-houses ; thus the results

of Bethlem, or St. Luke's, must be materially modified as regards recoveries and deaths, by their peculiar rules.

2nd. The particular classes of persons for which institutions are provided; as where they are for paupers only, or when they are chiefly for patients of the higher and middle classes of society. The class of patients admitted may be affected by the local circumstances of the district in which the asylum is placed; and it is probable that the results, as regards recovery and mortality, would, under the same treatment, be different in an asylum for London and its neighbourhood, and one for the rural districts of Cumberland and Westmoreland.

3rd. The different periods during which asylums have been in existence.—Thus the results of a few years, particularly in the smaller class of establishments, cannot be considered as affording *data* from which any sound comparative inferences can be drawn. In one triennial period in the history of the Retreat, the recoveries in the most recent class of cases, were fifteen out of sixteen; whilst the proportion in its whole history of 44 years, is about 80 (79.16) per cent.; and in arranging in decennial periods, the proportion of recoveries to the whole admissions, it is found to vary from 33.90 in the first period, to 59.26 per cent. in the second; and this difference is mainly, if not wholly, to be attributed to the proportion of old confirmed cases admitted in the two periods respectively; the small proportion of recoveries being in the first ten years, in which a larger number of those hopeless cases were placed under its care, than in subsequent periods.

In the large pauper asylums, the number of old cases, which on their first opening are removed from poor-houses and private asylums, must materially affect the results, as regards the proportion of recoveries and deaths; though in regard to the former, the effect may be counteracted, by the house not being full in the first instance, and by there being therefore a free access to all the recent cases then existing and occurring.

4th. The different practice of establishments in regard to the early or tardy discharge of patients who have been successfully treated.—Thus, where caution is exercised in regard to discharge, of which Dr. Jacobi speaks as prevailing at Siegburg, and which,

to a considerable extent, is practised at the Retreat; \* the results as regards the proportion of recoveries, cannot be fairly compared with those of establishments in which, from the pressure of applications for admission, from the urgency of the guardians of patients to be relieved from the charge of their support, or from any other causes, they are discharged as cured in a convalescent rather than in a recovered state.

5th. The variety in the application of terms.—Death is an unambiguous condition, but the term *cured* or *recovered* is applied to a considerable variety of states. If this term be applied to all who are so much benefited by treatment as to be fit to be discharged, it would afford a considerably different result in the proportion of recoveries, to that which would be arrived at if the term be limited to those who are able to act independently and with propriety in society; and the term *improved* be applied to those who, no longer requiring the peculiar care of an institution for the insane, nevertheless stand in need of the shelter of favourable circumstances, and the special care of their friends. This is the application of the terms which we have made in arranging the results of treatment at the Retreat, except that where persons of weak minds, and who have not been able to take the full charge of themselves, are placed under our care in a state of excitement, requiring the peculiar treatment of a house for the insane, we consider them as belonging to the class of *recovered* when they are restored to their friends; patients, also, who are removed in an advanced stage of convalescence, from the desire of their friends, or under the idea of its being in the particular case desirable, are considered as recovered, if the convalescence is confirmed.

Several of these discriminations in the circumstances of institutions, and in the practice of reporting the cases, will probably be thought, by many, to be unnecessary for the purpose of comparing the results of treatment in different institutions; but those who have endeavoured carefully and conscientiously to arrange the facts, which form the history of their establishments, will, I believe, be aware of the influence which most if not all the circumstances here enumerated, have upon the results. The

\* See p. 293, of Dr. J.'s work, and p. lvi of this introduction.

object which is sought in the comparison of statistical tables cannot be attained unless things similar are brought together; and this certainly is not done by the mere comparison of the aggregate results of various institutions, as regards the proportion of their recoveries to their admissions. We cannot therefore draw from such statements any fair conclusion in regard to the treatment. For this purpose, some arrangement of the cases must be made with reference to their probable curability, and the best mode of doing this deserves to be well considered.

The classification of cases adopted in several English establishments is founded upon the duration of the disease; the cases of not more than three months standing, form the first or most curable class; those of more than three and not more than twelve months duration, form the second; those cases which are recent, but not the first attack, form a distinct class; and the remaining cases, consisting of all those which are of more than twelve months duration, form the least curable division.

Dr. Jacobi objects to this arrangement, on account of the difficulty of arriving at the true period of commencement; and in the report which he has given of the results of the Siegburg establishment, he has arranged the cases, according to his own judgment of their probable curability, into three classes, consisting, the first of those which he considers *most fit* for a curative establishment; the second, of those which are *less fit*, but which cannot be pronounced incurable; and the third of the decidedly *unfit* or incurable cases. The question is, which of these modes of classification is likely to present the cases in different institutions in the most favourable manner, for the purpose of fairly comparing the results of treatment.

Of the two plans of classification, it may be observed, that the one is founded upon facts, the other upon inferences drawn by the medical officer of the establishment, from the circumstances of the cases. If Dr. Jacobi himself could arrange the cases in all our establishments, according to his own plan, we should undoubtedly

have a satisfactory degree of uniformity; but I submit, whether, the judgment of the various medical men who have the charge of our institutions for the insane would not vary considerably, in the classification of the cases according to his method. In speaking of the uncertainty of statistical returns, Dr. Jacobi lays considerable stress, on the tendency which exists on the part of those who draw up the reports of institutions, to exhibit favourable results. Would not his plan of classification afford great facility to this error, and be likely to lead, almost imperceptibly, to the blending of the lines of demarcation between the several classes? It would materially affect the aspect of a report, whether the term incurable were taken in the strict sense which Dr. Jacobi gives to it, or in the more popular sense, viz., that the balance of probability in the case was decidedly unfavourable to recovery.

It is admitted, however, that the commencement of the disease is frequently not correctly reported by the friends of the patients, and that a closer investigation will often show that insanity has existed for years, where the partiality or intentional misstatement of friends confines it to a few months.

A zealous inquisitive officer of one of our smaller institutions might collect particulars which would place a few cases which had been represented as of the most recent class, in the second, or even in the fourth class, and this would, of course, give his results a more favourable aspect; but this discrimination could not take place to any great extent in our large pauper asylums, and I think that the classification of the cases, in these establishments at least, according to the duration of the disease, would place them on the most favourable basis for the fair comparison of results.

But, whichever plan is adopted, it would be chimerical to expect that the circumstances of different institutions can be so equalized as to afford a fair ground for that *strict* comparison of results which has sometimes been attempted. Much instruction, however, would be derived from the comparison of the statistical reports of our various hospitals for the insane, if



arranged upon an uniform plan, and considered with reference to the peculiar circumstances of each. The discrepancies between them would afford sound grounds for investigation, and probably lead to the more accurate determination of the effects, not only of the medical and moral treatment of the patients in these establishments, but also of the influence of circumstances prior to admission, in producing and modifying the character of the disease.

*The statistics of mortality* in our different institutions, admit of much more safe and certain comparison than that of the recoveries, inasmuch as the event on which the comparison is founded is wholly unambiguous, and the peculiar circumstances affecting the general health of the patients at the time of admission into the several establishments can be pretty easily ascertained. Whenever there is a serious discrepancy between the average proportion of deaths to the number of patients resident in any of our pauper asylums, however remotely situate from each other, there is good ground for an immediate and searching inquiry into the distinguishing circumstances of the several establishments; but where, in those which are in the same district, and have the same class of patients, the mortality varies materially, there is certainly a strong case of suspicion made out, that the excess of mortality is induced by improper management or neglect. The public is greatly indebted to William Farr, for having called its attention to the mortality in our public institutions for the insane, and to the frightful proportion of deaths which has been found to prevail among the paupers confined in private asylums in the neighbourhood of London, as compared with that of the large establishment at Hanwell.\* The subject of diet will, I apprehend, be found to be closely connected with this discrepancy; and the proportion of deaths in most of our public pauper institutions, as contrasted with a few others of

\* Journal of Statistical Society, Vol. 4, p. 17. Report upon the Mortality of Lunatics, by William Farr. See also Lancet, 1839—40, Vol. 2, p. 898, &c. I rejoice that this eminent statistician has so thoroughly taken up the subjects referred to in the above report. In his hand, and under the auspices of such a society, we may reasonably hope, that the statistics of insanity will be materially elucidated.

the same class, and with the proportion in our charitable asylums, which are generally for patients of all classes, deserve to be closely investigated. Our old sagacious superintendent at the Retreat, George Jepson, had not been long in his office before he came to the conclusion that the insane placed under his care required a liberal diet; and I cannot doubt, that the acting upon this opinion has been one cause of the very small mortality in this institution, as compared with that of most others. The York Asylum, many years ago, adopted a similar course, and I know it is the opinion of my friend, Dr. Wake, the physician to the institution, that the improvement of the diet has tended materially to the reduction of the proportion of deaths. The annual average mortality, during the 44 years of the Retreat experience, has been 4.70 per cent., upon the numbers resident. At the asylum during the last 25 years the proportion has been 7.35, during the previous 37 years of its existence the proportion was .11 per cent. In the large asylum at Hanwell, the average mortality has been 11.69, that of the West Riding of Yorkshire, 16.16, and that of Lancaster, 18.01. The mortality of *the paupers* in the private asylums at and near London, is stated at 20.68 per cent. upon the numbers resident.

The difference in the mortality in the York Asylum in the two periods above mentioned, may, I believe, fairly be attributed to the altered management of the institution; and it is difficult to conceive any sufficient explanation of the discrepancy between the mortality of the pauper insane at Hanwell, and that of the same class in the private asylums near London, but the difference of treatment.

The proportions which the deaths in different institutions bear to the number of patients *admitted* into them are not unfrequently compared together. I cannot see that any practical inference is to be deduced from such tables, in regard to the general health of the patients. There is a very near relation between the probability of life in a community in which there is no fluctuation of residence, and one in which there is

a great fluctuation, if the average age of the residents be the same. Thus, if we take the standing number of two communities at 100, and we suppose that in one of these no change in the individuals takes place, but what is required to fill up the vacancies occasioned by deaths, and that in the other all its members are changed twice in the year; the true comparison of the two communities, in regard to health, must obviously be derived from the proportions of their respective mortalities, to the number *resident*. There may be circumstances connected with the two systems of fluctuation, which may deserve to be considered, in comparing the mortality of the one community with the other; but there cannot be any useful inference drawn from the mere comparison of their respective proportions of deaths, to the numbers *admitted* into them. Although the difference in regard to change of residents in our asylums is not so great as it would be in this supposed case, it is nevertheless very considerable, and quite sufficient to disturb all fairness of comparison, as regards the proportion of their *deaths* to their *admissions*.

It would increase the accuracy of our estimate of the influence of insanity in the shortening of human life, as well as the comparison of the health of our different establishments, if their reports exhibited the number of patients which they respectively contained, arranged in classes, according to their age in decennial periods. It would also greatly enhance the value of such reports, if, in regard to recoveries as well as deaths, they not only gave us the results of a single year, but also those of the entire period of their existence.

But the whole subject of the mode of reporting the results of our institutions for the insane, calls loudly for attention, if we would arrive at any useful statistical comparisons as to the effect of treatment, and other circumstances, on the health of the patients, and in regard to the cure of this greatest of human maladies. The subject would not be unworthy of a special consultation amongst the professional men who are devoted to this department of the medical art; and, if once a uniform plan

of arranging the facts and experience of our establishments were laid down, there is little doubt that it would be generally adopted by them; an approximation, at least, to a fair comparison of their respective results would then be obtained; and, if tabular statements were accompanied by a fair representation of any circumstances which distinguished the several institutions, we should hardly fail in time to arrive at most important and valuable deductions.\*

In conclusion the editor has to ask the kind indulgence of the reader, for the length to which these observations have been extended. He cannot consider them as a commentary on the valuable work of Dr. Jacobi, to which they are prefixed: though many of them have been excited by it, he is aware that in more than a few instances, he has availed himself of the opportunity of the publication of this translation, to offer suggestions connected with the subject of insanity and the hospitals for its treatment, which have no peculiar relevance to the place which they occupy. He has been stimulated by the conviction, that many of the questions to which he has referred *ought* to be thoroughly investigated and settled, and his object will be answered, if, in any degree, they stimulate the efforts of others; so that steps may be taken in the proper quarters, to ascertain the extent of the evils for which provision is still requisite, the means by which it may be most advantageously supplied, and, to carry into effect judicious and well matured measures for the proper care and treatment of the insane of all classes in the united kingdoms.

\* The Committee at the Retreat is at the present time engaged in printing, in a series of 51 tables, a very particular report of the experience of the institution, during the forty-four years of its existence. These tables have been prepared with great care and ability by the Resident Surgeon; and though they exhibit the results of a comparatively small institution, yet from the length of time to which they refer, and also from the peculiar circumstances of the establishment, it is believed that they will not be without value, as a contribution to the statistics of insanity.

Note to p. xviii.—The editor has concluded to withhold, as not altogether appropriate, the note which he had designed for this place relative to George Jepson, the original superintendent and apothecary to the Retreat.

## THE AUTHOR'S PREFACE.

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FOR a long time I have been called upon from many quarters, to give a particular description of the arrangements of the hospital for the insane at Siegburg. When I prepared to comply with these solicitations, I soon perceived, that to satisfy myself, and also the reasonable expectations of others, in such a work, I must give my undertaking far greater extension than a simple report of this establishment would require. The views which may be considered as leading to the arrangements adopted in the institution, must be developed and justified ; they must be compared in the most important particulars, with whatever is remarkable or excellent elsewhere ; and, lastly, both the one and the other must be submitted to the test which has been afforded by fifteen years of most earnest application to the subject, and by nine years direction of an institution regulated, as far as possible, by my conclusions. It must also be observed, that these conclusions in regard to the best arrangement of an establishment for the insane, could only be carried out at Siegburg with important exceptions or modifications ; inasmuch as the buildings were not newly erected for the purpose, on a well chosen site, but had originally been contrived for quite other objects, and placed in a very peculiar situation.

When I surveyed more attentively the materials presented to my mind, as properly belonging to this work, I considered it most expedient to divide it into two principal sections.



In the first, to develop the views and principles which governed the foundation of the establishment at Siegburg, and to make these clearer by giving the plan of a structure, arranged according to such principles and built on a site chosen for the purpose. In the second section, to give a description of our establishment as it exists, with a full detail of the particular regulations for the attendance and treatment of the patients, the duties of the officers, and the complete inspection of the whole.\* From this statement it will appear, that the principal object of the present work, is a description of this particular establishment, and of the principles upon which it is conducted; and that any observations or discussions relative to the management of other hospitals for the insane, are only introduced, in order to justify the principles followed in this particular case, and to place them in a clearer light. Everything, therefore, superfluous to this object, must be considered as supplementary. I must beg the reader to bear this explanation in mind, in forming his judgment of the work; for had I purposed to produce a general comprehensive work on the arrangement of institutions for the insane, a much more elaborate examination of the subject would have been necessary, and all matters which could be brought to bear upon it, must have been thoroughly investigated. But since this is not my present design, I have contented myself with laying before the reader, the essential requisites for a well-conducted establishment for the insane, according to my own views; and with showing, how far they have been successfully adopted in the institution at Siegburg. The question as to how far the right provision for the insane could be obtained upon views different from my own, as to

\* That part of Dr. Jacobi's work which treats of the particular construction of the buildings at Siegburg, has been omitted in this publication, as not likely to be interesting or instructive to the English reader.—ED.

the nature of insanity, can only be treated as an indirect inquiry. It is, therefore, only slightly alluded to, and many topics of inferior importance are either entirely passed over, or but briefly handled.

Meanwhile, an evident want yet remains unsatisfied. We should be glad to see a work of large and comprehensive scope, the object of which should be, to record the various opinions of the most experienced men concerning the requisites for the management of hospitals for the treatment of insanity, and the ways and means which have been hitherto adopted, or proposed for obtaining them in a comprehensive manner. These opinions, in such a work, should be subjected to a searching criticism, and everything appropriate to the object in view, or proved by experience to be good, should be carefully and luminously arranged. For, though Roller's very valuable work, "*The Lunatic Asylum in all its Relations*," the only one that can be mentioned here—deserves grateful acknowledgment, yet it can only be regarded as the precursor of a more satisfactory performance, such as we are entitled to expect from the author, after the collection of richer materials, and the acquisition of a more matured experience. Till then, may the present work be considered as facilitating the accomplishment of such an undertaking, and as generally promoting the important objects to which it would be devoted. Above all, may it be successful in its endeavour to bring the arrangements of asylums to more simple maxims; that thus, what peculiarly belongs to such institutions may be set in a clearer light, and the character which they should maintain among other hospitals for the sick, be established on a proper basis.



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PART I.



ON THE  
CONSTRUCTION AND MANAGEMENT  
OF  
HOSPITALS FOR THE INSANE.

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CHAPTER I.

ON THE GENERAL QUESTION WHETHER PUBLIC ESTABLISHMENTS FOR THE CURE OF INSANITY ARE NECESSARY, OR WHETHER THE TREATMENT OF THE INSANE IN PRIVATE FAMILIES OR PRIVATE INSTITUTIONS DESERVES THE PREFERENCE. THE NECESSITY AND SUPERIORITY OF PUBLIC ESTABLISHMENTS MAINTAINED.

BEFORE I explain my views on the appropriate construction and arrangement of public establishments for the cure of the insane, I feel obliged to take some notice of the following question, which has been discussed by several writers who have preceded me; viz.:—Whether the medical treatment of the insane in large establishments exclusively devoted to the purpose, be at all advisable; or whether the more individual treatment of such persons in private families, or smaller private institutions adapted only for a few patients, be preferable.

Whilst the collective treatment of the insane, and their living together in large institutions formed for the purpose,



appears to secure essential advantages which very few patients could obtain on any other plan, it cannot be doubted that, in the majority of cases in other respects similarly circumstanced, it is highly desirable that the patients should be surrounded by persons enjoying the full use of their reason;—nor is it less certain that, in some instances at least, their coming into contact with other lunatics, must be productive of many painful impressions and wounded feelings; we should therefore be compelled to give the preference to the system of separate medical treatment in the privacy of domestic life, did not a closer inspection of the subject, and the results of enlarged experience, teach us so decidedly a contrary lesson.

If a person sufficiently acquainted with the subject, seriously considers how difficult it is to unite in a private dwelling, the manifold conditions requisite for the successful treatment of insane persons, in reference to security, separation, oversight, attendance, restraint, compulsion, remedies of all sorts, and due medical assistance, he will soon be convinced how rarely the proposed object can here, under such circumstances, be attained. Hence it comes to pass that these unfortunate persons, in private institutions, and especially at their own houses, are, with few exceptions, the worst taken care of. For it is precisely in these situations that the poor lunatic is often the most exposed to dreadful mismanagement, and very painful neglect and privations. His attendants, who are both unprovided with the proper means, and destitute of the requisite skill to manage him by gentle methods, as well as to apply the required degree of restraint at the most favourable time, and in the most humane manner, are, in many cases, but too soon obliged, for the sake of their own safety and a sufficient coercion of the patient, to have recourse to extreme measures; and thus, considerations of humanity and gentleness are thrown aside. In other cases, on the contrary, the patient is equally lost to all chance of

recovery, by a method of treatment altogether dissimilar, but not less injudicious. For the sake of preserving him tranquil, every wild and fickle whim suggested by his disordered intellect, is indulged and encouraged. He not only imperiously exercises all the authority which he possessed whilst in his right mind, but now, with unbounded and violent impetuosity, seeks to make every one yield with abject submission to the impulses of his diseased brain. Hence, all the most experienced and cautious physicians are unanimous in the opinion that such patients are most rarely, and with the greatest difficulty, restored in their own houses, and in the midst of their own families; and that their isolation and removal from all their accustomed habits and connexions, form nearly always the first and indispensable condition of their recovery.\*

But there is also another important fact, which seriously opposes the successful treatment of the insane in private dwellings, and it is this: by far the greater number of physicians who are called in, betray so much uncertainty and embarrassment in their whole proceedings, owing to cases of this kind so seldom occurring in their practice, that a favourable issue is rendered next to impossible. Even such as commence their operations with greater decision, have but too often given occasion to remark, that when a certain series of remedies has been tried in vain, they have, after a short interval of despair as to what they should next attempt, consigned the patient to immoderate restraint, and sought a decent way of avoiding any further connexion with him. And this may be a case in which a plan of cure, founded

\* I cannot avoid observing that this sound general rule has its exceptions; and it must, I think, have occurred to those connected with asylums, to have seen affecting instances of a too precipitate removal from home; nor is it always sufficiently considered, whether the place chosen to which to remove the patient, really supplies what is requisite for the right treatment of the case; and it therefore not seldom happens, that the friends of patients exchange *the ills they know, for those they know not of.*—ED.

upon an attentive consideration of all its bearings, ought to be persevered in for six, eight, or ten months, or even longer. That such a state of things should exist at a time when the doctrines of mental derangement and the methods of treating it, are regularly expounded at all the principal schools, is no less strange than true.\*

Nevertheless, I am so far from wishing by these remarks, to deny that some species of insanity may, under certain favourable circumstance, be properly and successfully treated in a private dwelling, that, setting aside the many cases which recover without any medical interference whatever, I will readily admit that many harmless, low-spirited, or hypochondriacal patients regain their health more easily in the tranquillity of a domestic circle in the country, under the direction of a suitable person, than in any other circumstances; the situation itself forming, for individual cases of this kind, the best remedial means that can be applied. A

\* I understand that at Bonn, and other of the German Universities, lectures on insanity are regularly delivered; and it is much to be regretted, that this cannot be asserted of the English Medical Schools. Surely the time is not distant when the treatment of insanity, forming as it does so important a branch of the healing art, will claim its appropriate share of attention in the education of its professors.

Intimately connected with this subject is the question, whether some of our public hospitals for the insane, might not be open to medical students. If I may venture an opinion upon this subject, I would say, that it appears to me highly improbable that these establishments can be assimilated, in this respect, to hospitals for other diseases, without great disadvantage to many of the curable patients. The phases of diseased mind, in the old and chronic cases, might doubtless be studied without much, if any, inconvenience; but in the more recent class, which would be chiefly the objects of interest, the free access of so large a number of students, as visit the great hospitals in London, would be far from desirable. It is not, however, at all needful, in avoiding this extreme, to continue in the other, which, indeed, we are now in. Many of these establishments are now in the charge of intelligent medical men, who are redeeming the character of the profession from the reproach to which it has long been justly exposed, in regard to the treatment of insanity, and the illustration of this branch of their art; but how small is the number of medical men, who have the oppor-

perfectly fit method of treating this class of lunatics, therefore, is to submit them to the care of a respectable, well educated person, such as a clergyman, in the country, or some one engaged in husbandry, who, in addition to sufficient mental qualifications, possesses also a decided inclination and taste for taking charge of such patients, and whose residence is adapted to their reception and oversight. Greatly, however, I am convinced, would he be mistaken, who should suppose that the number of such patients, and of the opportunities of providing thus satisfactorily for their welfare, is at all considerable. According to my judgment, the number of patients who might be included in a calculation of this kind, that is to say, of those patients who, being considered as yet in a curable state,\* might be permitted to forego an uninterrupted course of immediate medical care for this comparative freedom, would not amount to more than four or five in a hundred of

tunity of becoming experimentally acquainted with the phenomena and treatment of mental disease, and most of those who have the advantage, are confined in the exercise of their skill to their own establishments: it follows, of course, that it is rare to meet with a general practitioner, who can undertake, with any right confidence, the treatment of the insane; these cases consequently fall into the hands of a select class of medical men, and there is not that competition or comparison of skill, in this branch of the profession, which so usefully obtains in most others. The evils connected with the *close* system of management, therefore, undoubtedly call for attention, with a view to a remedy, and without doubt, a cautious, well-considered experiment ought to be made. Might not a limited number of students, who have finished their general education, be admitted under the direction, and in the company of a medical officer of a lunatic establishment, to visit the patients? If but ten medical students annually, had the opportunity of study, in each of the three great asylums of London and its neighbourhood, there would soon be an extensive diffusion of knowledge upon this too long neglected branch of the art of healing; and who can tell the effects of the salutary stimulus which, without any reflection upon their present proceedings, such an arrangement would give to the study and treatment of the disease, in the hospitals visited.—ED.

\* Those who have either been idiots from their birth, or who are at the present day considered incurable, do not, of course, belong to this calculation.

the cases of mental derangement as they are admitted into lunatic asylums; and opportunities of suitably accommodating them would be still deficient for the wants which this small average would create. At least, among the many excellent and talented clergymen with whom I am acquainted, I could scarcely mention two who, with the necessary abilities and taste for the charge and oversight of such patients, possess, *at the same time*, leisure and external conveniences in reference to house-room, family circumstances, &c., for the undertaking. A closer examination of the subject would doubtless compel other physicians to make the same acknowledgment. It follows then, that the whole number of patients who can enjoy this kind of treatment is almost too small to deserve notice; and it must be regarded as a singularly fortunate event, whenever an opportunity occurs of applying it to a single one of the few cases in which it may be beneficially followed.

In order to shew the facility with which misapprehension may be entertained on these points in a still clearer light, I will make a few additional remarks. The belief is willingly entertained, that low-spirited or hypochondriacal patients in such situations, are often the soonest restored by diverting their attention to agriculture and gardening. Nor is the belief ill-founded; for it nearly always happens that patients of this class, who feel tranquillized and content in their quiet retreat, gradually acquire a taste for rural pursuits; and under the skilful direction of persons kindly interested in their welfare, find their recovery in the midst of their occupations. But though these employments may be esteemed as highly serviceable,—are there many amongst these low-spirited and hypochondriacal persons, who would so easily be persuaded to engage in them? Our lunatic asylums abound with but too many proofs that the case is exactly the reverse. There, it is true, the powerful example of so many companions, all actively engaged; the co-operation of



experienced keepers ; the feeling of entire dependance, and the ready employment of many indirect means of compulsion, give so much powerful aid to the attempt, that the patients are generally induced, before long, to engage in some useful occupation. But who shall subdue the refractory lunatic, in the freedom of a country parsonage ? The clergyman himself ? Who shall persuade him to work in the fields or gardens ? Will the clergyman do this ? Perhaps he will attempt it two or three times in an hour, but scarcely oftener. To whom then is the task referred ? To the footman ! And with what seductive arts of persuasion is he endued to overcome the stubbornness of insanity ? But enough. The object either completely fails in all difficult cases, or the else poor lunatic is driven to till the ground under the goad of the lash, as in the case the well-known Scotch practitioner.

The more decidedly, then, we are led by all the circumstances which we have hitherto been considering, to advocate the almost exclusive usage of large institutions, erected expressly, and furnished with every thing necessary for the treatment of insane persons, the more is it to be regretted that so many prejudices and objections, having either very little foundation or none at all, exist against them. These are entertained, not only by the friends and relations of the insane, but, in some degree, by physicians also. The chief of these preconceived notions are the two following :—

*First* :—A fear as regards the impression which may be made upon the patient's mind, if it retain any considerable degree of sensibility, by his relative position in the establishment ; by the confinement, the company of other lunatics, and all the various infringements on his liberty, which are inseparable from the regimen of such an institution.

*Second* :—An apprehension that in case of recovery, the fact of a person's having been confined in such an institution, will injure his standing in civil society ; and that he himself

may, in consequence, feel some resentment towards his friends, or be otherwise distressed on account of it.

The magnitude of these anticipated evils has been greatly exaggerated. As it regards those of the first kind, I can most positively affirm, that of six hundred cases which I have had the opportunity of accurately observing in this establishment, (Siegburg,) I have never witnessed a single one in which the patient sustained any material injury from his residence in the establishment as a lunatic asylum, or from any influence exercised upon him by the other patients; and I am perfectly convinced that very erroneous ideas prevail on this subject, not only amongst the public at large, but, in some degree, amongst the medical profession. Such ideas, at least, are only true in so far as they are the results of experience derived from badly arranged and badly conducted institutions.\*

For though it is undeniable that a patient disposed to mania, or already in a high stage of delirious excitement, may be violently affected with the sight and tumultuous presence of true maniacs, and that in subjects having a strong tendency towards the same symptoms, a similar paroxysm

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\* This may be emphatically said of a recent English author, JOHN CONOLLY, whose "Enquiry concerning the Indications of Insanity, with Suggestions for the better Protection and Care of the Insane," is the more important from its being the first in which those disturbed conditions of the intellectual faculties which, though allied to insanity, are not to be confounded with it, are treated of separately and distinctly as such. In this enquiry Dr. Conolly takes occasion from abuses relative to the confinement of the insane in lunatic asylums, and the objectionable arrangements of the latter as they have but too often existed in England, to recommend the treatment of such persons in their own houses in far too unconditional a manner, and without any adequate consideration of the objections existing against it. My own conviction is, that he would render this unfortunate class of our fellow-creatures a most ungracious service, if he were to succeed in carrying out his views that no lunatic should be received into public asylums, but those whom *he* considers as fit objects, or that class which is called in Germany, *mature*. This expression (*reif*) is applied by physicians in our country, to those lunatics whose disease has arrived, from some cause or other,

may be brought on by the same means ; and further, that the immediate companionship of patients exhibiting the outward signs of certain high degrees of melancholy and *tedium vitæ*, or those of fatuity and imbecility, might cause an unpleasant, and occasionally, even an injurious influence upon many delicate patients, if they were exposed to such intercourse ; yet in a well arranged establishment, especial care will be taken, by properly distributing the patients into classes, that those who might suffer from influence of this kind, shall be fully secured from its operation. In the mean time, it may be confidently assumed as a general rule, that no danger of inducing in others any important indications of disease, either similar or not, is to be apprehended from any class of patients except direct maniacs, and such others as are also suffering from violent spasmodic affections of the nerves ; and that these can only produce this effect in those patients who are predisposed to the same symptoms. The majority of lunatics are too much occupied with their own sorrows, and too well shielded from the simultaneous developement of another and essentially different form of disease, by the engrossing nature of their own aberrations,

but too often truly, from the unskilful management of the physicians themselves, to that unhappy state of maturity, or in other words, to that point of advancement, which effectually baffles any efforts to remove it. HILL also, in his " Essay on the Prevention and Cure of Insanity," strenuously discourages the more extensive usage of public lunatic asylums, and advises, that at least the patients be removed from them as soon as any traces of recovery, or return to a sound state of mind, can be discovered. To follow this advice would be equally as absurd as to forcibly retard the progress of convalescence in any other disease, by thoughtless and impatient violence. It clearly originates in the fallacious idea, that with the first yielding of insanity, a decisive step is already gained towards the complete subjugation of the malady which has, in this case, to be grappled with. Experience, on the contrary, abundantly proves that amid the repeated suspensions of insanity, the physical disease which caused it very often continues uninterrupted ; and it cannot be doubted that the former may be rendered permanent, if the latter be not carefully attended to in its declining stages, or be unskilfully interfered with.

to be easily drawn within the sphere of other people's sufferings. Whoever has arrived at a different conclusion, has certainly had but defective opportunities for deep and comprehensive observation of these states of the mind. Even when this state of isolation, which reminds us, in several respects, of the phenomena of somnambulism, begins to yield to incipient recovery, these convalescents are very seldom found to experience any unpleasant effects, from the presence of those with whom they have hitherto associated, provided the latter do not belong to the classes above-mentioned, and are free from offensive or mischievous habits. Awakening, in most cases, only by slow degrees, from their dreamy condition, and beginning to look with pleasure on their return to rational life, and the prospect of being soon restored to their friends, they continue unconcernedly amongst their former companions in disease. Having been already familiarized, during the period of their severer illness, with the hallucinations of their unhappy associates, they become greatly attached to the more social and agreeable amongst them, and, precisely at this stage of their recovery, often manifest so much interest, both for them and the institution, that when about to be liberated, their separation is anticipated with regret. Many instances of this fact have occurred in this institution, and have been exemplified precisely by those convalescents, who were endued with the finest feelings.\*

As almost every objection which can be brought forward against the treatment of the insane in public asylums, thus dwindles into insignificance; its superiority to the treatment in private dwellings, considering the disadvantages inseparable from the latter, becomes more clearly evident,

\* Many similar instances have occurred at the York Retreat; yet it must be remembered that on the recovery of a patient, the prospect of return to his family and former engagements, is often far from an unclouded one.—ED.

nor will this preference be the less willingly conceded, on account of the few exceptions that have been alluded to.

There is an advantage not less peculiarly attached to public institutions, by which they excel all smaller private ones, exactly in proportion to their superior magnitude, as the same difficulties in reference to such a complete arrangement, as shall fully correspond with the various requirements, have to be encountered in a greater or less degree in the latter, as in the patients' own dwellings. The expense of removing these difficulties, is far too great to be incurred, except under the hope of benefitting a more considerable number of patients. A large private establishment may be placed, except in so far as regards the higher rank of its inmates, and the superior wealth of its managers, in the same class with public establishments, whilst no reason can be shewn why it should be preferred, or why it should enjoy a greater degree of public favour. Ought such private establishments to be regarded with a greater degree of partiality, because they are not so immediately under the control and protection of the State, and because a private person carries on a lucrative trade, by keeping them open for the exclusive reception of the noble and the rich? \* Are the patients therein less exposed to disagreeable impressions, arising from the company of other lunatics; or will persons be considered less in the light of lunatics in the one place than in the other; or will the world look more charitably on them, when, after their recovery, they are dismissed from a private establishment than from a public one? As for the last query in particular, I have witnessed myself too many striking proofs to the contrary, to be able to believe that it will; and I have become perfectly convinced, that every individual discharged from our establishment, has obtained as much esteem in the world as his character, acquirements,

\* The poor are excluded and sent to public asylums, only from their inability to make a handsome remuneration for their maintenance.



and abilities, entitled him to before his admission. A man previously of high repnte, immediately acquires, after his restoration, and when his former character, perhaps strengthened and improved by the trials he has undergone, re-appears, the same unreserved confidence of his fellow-citizens, and important trusts which he may have previously fulfilled, are unhesitatingly confided to him again. Those, on the contrary, who have, before their insanity, borne the character of frivolous, silly, and extravagant persons, though they leave the asylum without contracting any *new* stigmas, yet in so far as it may be reasonably inferred, that their previous line of conduct had been the cause of their derangement, certainly find the labour of erasing their old ones increased. It will be a matter of perfect indifference, whether they have been confined in a public or a private establishment.

But does there exist in private establishments a greater degree of humanity, mildness, cleanliness, and order? Is there a stricter surveillance exercised over the patients, or are they treated with a greater degree of individual attention? Do they enjoy more freedom, and are the results of treatment more favourable, &c.? Let the answer to all these questions be taken from the reports on private establishments, made to the official inquiry on this subject in England,—for in Germany, France, and other continental countries, no such inquiry has hitherto been made,—and it will be found anything but satisfactory. But let the general constitution of human nature furnish an answer to the query, whether the advantages referred to, will more probably be found in establishments, where motives of self-interest have full scope for their indulgence, or in those where the utmost is done to control and restrict their operation.

That any inherent reason should exist to prevent a well-organized public establishment, from appropriating to itself all the excellencies and comforts with which a private one

may be adorned, and indeed in a degree by so much the greater as its means are proportionably more extended, would be very difficult to establish. The arrangements and system of management, pursued in all the recent improved public establishments, would sufficiently refute any argument tending to uphold such an assertion. But if it be asked, whether there might not exist, and whether there do not exist, well arranged private establishments, under the management of skilful, disinterested physicians, which merit the full confidence of the public, I have no wish to combat this opinion. All I desire to maintain is, that such establishments possess no necessary superiority of any kind over well-organized public ones; but that, on the contrary, the latter, as being more immediately under the inspection of the public and of the government, may reasonably claim a more unreserved confidence in every respect. Any prejudice, therefore, which may oppose the general admission of this truth, as well as every other which may threaten to discourage the public from unhesitatingly availing themselves of public lunatic asylums, ought to be earnestly opposed and discountenanced, as it cannot be entertained without causing serious injury to many an unhappy being.\*

\* Indiscriminate visitation is not allowed in the Siegburg Institution, but the friends of the patients are very freely admitted, as are also all other interested and inquiring persons. Of course the medical superintendent exercises his discretion, in regard to the visitation of particular patients. No doubt the rule of Siegburg is the true one—anything like *shewing* these places is *bad*—but I incline to think that the *close* system is *worse*. Independently of the horrible things which may be done, and which have been brought to light, as having been done, in secret places, the close system tends naturally to indolence and neglect, and the evils in their train can hardly be surpassed by the injudiciousness or cruelty of indiscriminate exposure.—ED.

## CHAPTER II.

THE LEADING PRINCIPLES WHICH ARE TO BE FOLLOWED IN THE ARRANGEMENT OF PUBLIC HOSPITALS FOR THE INSANE. THE DIFFERENCE BETWEEN THESE AND OTHER HOSPITALS DEFINED. THE NECESSITY OF STRICTLY REFUSING ADMITTANCE TO ALL PERSONS AFFECTED WITH COMPLAINTS OF A STRANGE AND EXCITING NATURE. HOW FAR PATIENTS AFFLICTED WITH INCURABLE INSANITY ARE TO BE CONSIDERED AS BELONGING TO THIS CATEGORY, AND WHAT SPECIES OF INSANITY ARE TO BE ESTEEMED INCURABLE. ON THE SIZE OF SUCH INSTITUTIONS WITH REFERENCE TO THE NUMBER OF PATIENTS TO BE ADMITTED. WHETHER SUCH ESTABLISHMENTS OUGHT TO BE APPLIED TO THE COMMON RECEPTION OF BOTH SEXES.

As we may now reasonably suppose that we have, by the preceding investigation, fully established the conviction that public establishments for the cure of insane persons, are not only useful, but indispensable, and that the treatment of insanity conducted in them is, with few exceptions, greatly superior to that in private dwellings, or smaller private institutions, we proceed now to consider the appropriate arrangement of these establishments. Previously, however, to entering upon this subject, it is incumbent upon us to lay down those general principles, which, according to our views, should be followed in such an arrangement; since a difference in the fundamental principles would, of course, influence in an essential manner the character of the whole establishment. For it is manifest that the character of a lunatic asylum, arranged according to the views of moral treatment, of Willis, or of Pinel and Esquirol, would

be completely at variance with that of one which should correspond with the views of Langermann and Reil, or of Heinroth or Horn, or again of Groos or Grohmann of Ideler, or of a systematizing enthusiast. But as we cannot, for obvious reasons, undertake the lengthened task of reviewing the various arrangements, which would result from these conflicting medical opinions, we must confine ourselves to an explanation of those provisions, which, according to our own judgment, are required in an establishment for the cure of the insane. We must begin, therefore, by defining a lunatic asylum to be an hospital, built and arranged for the exclusive treatment of diseases of the organism connected with mental derangement, with especial reference to those abnormal mental indications, which constitute the different forms of insanity. The characteristic features of the establishment will, therefore, have reference to the following objects:

*First* ;—The security of the patient, in so far as his mental derangement may induce him to make attempts on his own life, or to injure himself in any other way, by his own actions.

*Second* :—The security of those employed in the management of the patients, or otherwise engaged in their company, as well as of the building itself, the furniture, clothes, &c.

*Third* :—The means of obliging the patients to comply with the medical directions intended to counteract both their perverted views and the morbid tendency of their inclinations.

*Fourth* :—The means of separating the patients on the one hand, and of collecting them together on the other, in such a way, that those whose mental manifestations may operate injuriously upon others, may be separated from them, and that those, on the contrary, whose society may be either beneficial or mutually harmless, may be brought together.

*Fifth* :—The most complete assemblage of means for the medical treatment of those, for the most part chronic disorders, which are accompanied with insanity, with especial reference to those auxiliary means, which have so decided an influence on the promotion, removal, or alteration of certain specific states or affections of the mind. Besides, proper pharmaceutic apparatus, which includes that for baths of all kinds, electricity, galvanism, &c., they comprize the whole range of means in mental, as well as in corporeal dietetics; for instance, food, wholesome air, suitable temperature, and the means for bodily exercise and employment in the greatest variety of ways; means for regulating the general state of the mental feelings in the greatest diversity, of modes; for the excitation or withdrawal of sensuous impressions; for rousing into action or soothing into repose, the feelings, affections, and passions of the mind, and the means for employing the understanding in the most different modes and degrees. To these must be added, the means for regulating the direction and activity of the will, in the higher, as well as in the lower sphere of intellectual life; and lastly, those of the highest nature, which operate on the religious sensibility.

An especial reference to the points just enumerated, in the arrangement of a hospital, gives it the peculiar character of an establishment for curing the insane, whilst, excluding the peculiarities arising from its appropriation to the treatment of certain species of diseases, its internal construction and arrangements differ in no other respects, from those of other public hospitals. In proportion, then, as this adaptation to the distinguishing peculiarities alluded to, is the more complete and appropriate, together with a simultaneous adaptation to the requirements of all kinds of public hospitals, as the local situation of the establishment is the more advantageous, and as all admixture of every thing foreign and inapplicable, is the more strictly avoided, in the



same proportion will the type of a perfect lunatic establishment be more closely approximated, and its objects the more certainly fulfilled. By this admixture of anything foreign and inapplicable, which ought to be carefully avoided, is implied that which springs from the misappropriation of the establishment to other purposes than its genuine one of curing insanity ; such as the practice which was almost universal some years ago, and is lamentably but too common at the present day, of confining prisoners and criminals in the same building, and in the same apartments with lunatics. This plan can hardly be condemned in too strong terms. The same remark applies to the practice of admitting into the establishment, or of allowing to remain in it, those incurable lunatics who are *affected with such forms of insanity as may render them highly distressing or injurious to those who are yet considered curable* ; and also to that of employing the institution at the same time, for the treatment of diseases either not at all connected with insanity, or to which, in the latter stages, when they have become incurable, insanity attaches itself as one of their worst symptoms. Upon both the last species of abuse, from which these institutions should be carefully preserved, some further remarks are called for.

To pronounce confidently upon the curability or incurability of persons in a state of insanity, so as to decide in every given case whether the patient should be received into the establishment as probably curable, or summarily rejected as incurable, appears exceedingly difficult. In general, the principle holds good which I have elsewhere laid down, that the curability of insanity is in exact proportion to the possibility of removing that abnormal condition of the organism, upon which the insanity in question is organically dependent. In the present state of medical science, our insight into these states is confined within so narrow limits, that we are unable in the majority of cases, to

determine with any degree of certainty, even in the most general manner, the organic condition upon which the case of mental derangement before us depends ; and consequently, therefore, equally unable to decide how far we may, or may not, anticipate its removal by the internal activity of the organism, or by the resources of art. Still, notwithstanding our slight penetration into these mysteries of nature, a long course of varied observation has made us acquainted with a certain series, limited though it be, of morbid conditions and appearances, partly mental and partly physical, by the presence of which we can pronounce with tolerable and often with complete certainty, the impossibility of a resolution of the disease, or, in other words, of a return to a normal state of the intellect. Amongst these conditions, besides various congenital malformations, and besides certain severe injuries of the skull and subjacent parts from external violence, is a defective development of the brain, of the nervous system, and of other parts of the organism, which though outwardly undiscoverable, the result of numerous anatomical investigations warrants us in not the less confidently assuming, as having either existed from birth, or supervened in early childhood after illness,—as inflammation of the brain, &c.,—and which has been succeeded by so called congenital idiotcy, or by that incapability of development in the mental faculties, which, up to the time of the complete evolution of the bodily powers, or of puberty, no art or external circumstances in which the individual could be placed, has been able to remove. But besides these cases, the following have a special and still closer bearing on the elucidation of this question.

Imbecility or fatuity, developed and remaining for a long period after severe attacks of mania of several years' standing, or after long continued delirium.

Epilepsy, supervening after a long continuance of the same forms of insanity, (mania and delirium,) and becoming finally associated with dementia or fatuity.

Mania or dementia, succeeding epilepsy of long standing.

Imbecility and confusion of mind, (*verwirrtheit*,) appearing after apoplectic or hemiplegic seizures, and remaining in conjunction with the other consequences of the stroke.

Imbecility, fatuity, and confusion of mind, following acute or chronic inflammation of the brain; and such morbid alterations of the brain as may become further developed in consequence of it.

Finally; the same abnormal mental indications, manifesting themselves after superannuation, whether real or premature, or after over-excitement of the brain continued through a number of years.

There are no other morbid conditions besides these and some others nearly related to them, in which the mental derangement plainly appears as the reflex of bodily diseases, which are, according to our hitherto experience, incurable, and that can justify the physician in pronouncing an individual to be irremediably affected with insanity. As regards all other forms of insanity, not comprised under these heads, which do not appear to be evidently dependent upon a state of the organism acknowledged to be incurable, the physician has no grounds for such a decision. Even the continuance of the disorder for many years, is not of itself a sufficient reason for pronouncing insanity incurable. For many authentic observations have already proved, that, where none of the above sinister combinations have existed, even such forms of insanity as would be most unfavourably judged of as to the probability of cure, have given way under the agency of certain known or unknown bodily or mental influences, even after an obstinate resistance of more than twenty years.

Meanwhile, it is not meant to be implied by the preceding remarks, that as our insight into the nature of diseases combined with insanity increases in proportion to the advancement of medical science, other combinations of diseases will not be discovered which render the removal of insanity

impossible. It may already be assumed with great probability, that insanity resulting from the combination of certain organic diseases of the heart,—such as an advanced stage of hypertrophy, or dilation of the ventricles, aneurisms of the ascending aorta, &c.,—with such morbid disturbance in the functions of the brain, as is likely to be aggravated by these diseases, does generally prove incurable. When, therefore, a more extended diagnosis shall enable us to identify this combination of diseases with sufficient certainty, we shall most probably be able to place it in the same list with the preceding. On the other hand, nothing that has been advanced, affords any ground of argument against the regulation which it has been found necessary to adopt in establishments for curing the insane,—that those patients who have either received no benefit from a long course of careful treatment, or whose disorder has been progressively growing worse, should be discharged from the establishment. For it has been ascertained by a series of observations, not less credible than those above alluded to, that those patients whose disorder has obstinately withstood all the trials of art for many years, without any signs of amendment, although we may not be able to discover any of the combined symptoms which, in the present state of our knowledge denote incurability, do recover in so very limited a proportion, that if they were suffered to remain an indefinite time in the institution, the latter would of necessity gradually exchange its character for that of a mere refuge or house of safety, and completely depart from its peculiar destination as a curative establishment. Patients of this class ought only to be allowed to undergo the further progress of their disease in the establishment, so long as they remain entirely harmless to the patients yet under treatment, and as there is sufficient spare room for their accommodation. The same favour may also be extended, under similar restrictions, to many who have become con-

fessedly incurable \* All those patients, on the contrary, who do not answer to these conditions, whether they be probably or already decidedly incurable, must be unhesitatingly removed from the establishment as improper and pernicious objects, and committed to the house of safety.

No want of leniency could fairly be ascribed, if as a general rule, two years were fixed as the utmost period to which the residence of the patients was prolonged; provided the power be reserved of modifying the rule in particular cases. But with what scrupulous rigour, ought all patients who are affected with palsy, catalepsy, St. Vitus's dance, epilepsy, and all other allied forms of disease, to be excluded as foreign and injurious subjects! The characteristic attacks of these diseases are calculated to make so shattering and deeply impressive effects on the nervous system of the other patients, and the provisions which they require for their nursing and treatment are so extremely peculiar, that it is

\* Would not these exceptions to the rule of exclusion, admit a very large portion of the incurable class, and would not the idea of a really curative establishment be abandoned? It is certain that a large proportion of the incurable patients, are less obnoxious in their conduct to their companions, than those of the curable class; and I do not exactly see why, if the whole number to be accommodated, be not too large for one asylum, the classification of the patients under one establishment may not be effected, so as to provide for their several necessities and comfort, as well as by the division into two establishments. Perhaps, however, a merely curative establishment, would be likely to excite and keep up a more active system of medical and moral agency, than a mixed one; on the other hand, it is to be feared that the incurable establishment, which would require to be much the largest, would, in the same degree, be liable to indifferency, and the neglect of those agencies which are important to the comfort, if not to the recovery of a large number of patients, the duration of whose disease would bring them into the incurable class. Nor could the separation fail to throw over some of their minds, a feeling of depressing hopelessness.

If, however, the district to be provided with an asylum, contained more patients than was fitting for one establishment, the entire separation from others of the idiotic and imbecile class, as well as of the more violent cases of long standing, would, I believe, be desirable.—ED.



deeply to be regretted that they are still, in many places, indiscriminately admitted into the same establishment with insane persons.

Closely connected with the subjects on which we have been treating are the enquiries, how the approximate maximum or minimum number of patients for whom a curative establishment should be adapted, is to be determined, and whether one and the same institution ought to receive patients of both sexes?

It is clear that institutions on a smaller scale, have the advantage of being more easily overlooked and controlled in their several departments; but on the other hand, as they require the same divisions, the same arrangements and conveniences for treatment, oversight, &c., and consequently a larger number of officers and servants in proportion to the number of patients, they are necessarily conducted at an incomparably greater proportionate expense than institutions for a more considerable number of patients. On this account, small states and corporations will be obliged to do without completely furnished institutions of this kind; and would therefore do well to avail themselves of the advantages which the asylums of larger neighbouring states would afford for their necessities in this respect, than to erect less perfect ones for their own use.

Whatever may be the disadvantages, however, which these establishments labour under when they are too small, an excessive and disproportionate magnitude is certainly not less extremely pernicious. Many writers have believed, that four or six hundred patients, or even a greater number, are not too many to be received into the same establishment.\*

\* The New Asylum at Hanwell near London, for the pauper lunatics of the County of Middlesex, which was completed in the year 1832, at an expense of £150,000, was intended for the reception of seven hundred patients. At Brussels, a prize was even offered and awarded in 1824, for the best plan of an asylum, to contain a thousand patients.

For my part, I entirely dissent from this opinion ; since my own experience convinces me, that the maximum number of patients to be admitted into one and the same establishment, ought never to exceed two hundred.

It is not that I should consider a more numerous family incompatible with the right management of the farming and household economy, nor with the domestic care of the patients ; both these might perhaps be organized in an establishment containing a number equal to the largest just named, in such a manner as to leave nothing to be desired ; but it is in regard to the higher government of the establishment, and the treatment of the patients *as such*, in its widest signification, which must rest upon the shoulders of a single individual,—the director of the establishment,—that I am convinced the number of patients should not exceed two hundred. For when it is considered, that the duties of the governor embrace the control of all the economical and domestic arrangements, as well as of the whole body of officers and servants ; that he must devote a great share of his time to the writing, correspondence, and consultations connected with his office ; that as first physician, he is entrusted with the personal charge and medical treatment of every individual committed to his care ; that he must daily and hourly determine, not only the general outlines, but the particular details of the best means for promoting the interests of the collective community, as well as of every separate person composing it ; and that, besides all this, he is responsible to science for the results of his medical observations in the establishment over which he presides ; nor less so for the promotion of his own advancement as a man and a philosopher ;—it will be readily granted, that the given maximum of two hundred patients for a single establishment, ought never to be exceeded. Indeed, a man of even extraordinary abilities, would find himself unequal to the task of discharging these duties, in an establishment containing two hundred

patients, were he not supported by such assistance as will hereafter be described; and were there not a great number amongst even this multitude of patients requiring not constant, or at least, a less degree of medical attention.

In addition to what has been already said, another subject requiring some notice whilst considering the size of a lunatic establishment, is the extent of district for which it may be intended. If this be too great, the conveyance of patients, especially of females, will be rendered highly difficult and laborious. For this reason, a situation should be always chosen, as near as possible to the centre of the district; and the distance from the centre of the circle to all points of its circumference, should not be greater than twelve or sixteen German miles;\* so that more than two days at most, may not be required for the journey.

As to the question whether patients of both sexes should be received into the same establishment, although pecuniary considerations in most cases lead to their union, and even render it imperative, yet I am very decidedly of opinion, that whenever circumstances will permit, such union ought to be avoided. When an establishment is intended for the reception of both sexes, the general difficulty of constructing and arranging the different apartments in such a manner as to secure the attainment of the objects in view, is immeasurably increased, both by the primary considerations relative to the separation of the sexes, and by the secondary though still important ones, relative to the divisions for separating the maniacal and violent patients, so completely as is required, from the rest. The proper location of these patients, in any part of the establishment, so as to prevent them from disturbing the others, has always been a very difficult problem; but when the separation of the sexes requires it to be doubled in the same range of building, the difficulty of its solution is incomparably increased. Embar-

\* Fifteen German miles make a degree.—TRANSLATOR.

rassments of a similar nature also occur, with respect to appurtenances destined for general use, such as baths and other curative apparatus, gardens, courts, walks, &c. For they must either be made use of by patients of both sexes, under very great restrictions, or they must be doubled. Hence scarcely any plan of arranging them can be discovered, which is not attended both with great inconvenience and expense, and besides much greater restraints on the liberty of the patients than would be otherwise necessary; whilst at the same time, the communication of the male and female patients which ought, in general, to be most scrupulously avoided, can never be wholly prevented. In addition to all these inconveniences, another evil of no small magnitude arises from the great number of male and female servants indispensably employed. Intrigues of all sorts are perpetually afloat amongst them, and are productive of much greater injury to the institution, than any one would imagine, who has not had personal experience of the fact.

In reference to the question of expense, which claims particular notice under this head, it is obvious, that when all the requisites in the erection of a new establishment for both sexes are duly considered, no great saving can here accrue, however considerable may be the diminution of the cost in the general administration and the domestic economy.

## CHAPTER III.

THE CONSIDERATIONS TO BE HAD IN THE CHOICE OF A SITUATION FOR AN HOSPITAL FOR THE INSANE. ON THE FORM TO BE GIVEN TO THE BUILDINGS. ADVANTAGES AND DISADVANTAGES OF CERTAIN CHIEF FORMS OF THE BUILDINGS AND LOCALITIES CONNECTED WITH THEM, AS EXEMPLIFIED BY SEVERAL RECENTLY ERECTED ESTABLISHMENTS. 1. THE JUXTA-POSITION OF SEVERAL QUADRANGLES. THE ESTABLISHMENT AT ROUEN. 2. THE H FORM. THE ESTABLISHMENT AT WAKEFIELD. 3. THE LINEAL FORM. THE NEW BEDLAM AT LONDON. THE SACHSONBERG ESTABLISHMENT NEAR SCHWERIN. 4. THE STAR FORM. THE ESTABLISHMENT AT GLASGOW. 5. OTHER FORMS. THE PRIVATE ESTABLISHMENT AT VANVES NEAR PARIS. THE ESTABLISHMENT AT HANWELL NEAR LONDON.

As we are now nearly approaching our main subject, we proceed to inquire, What is the most desirable situation for an hospital for the insane?

We may presume, without further question, that the same circumstances, in regard to situation, which are found by a person who is free from any morbid tendency, to have a beneficial influence on his mental feelings, will generally, in some degree, contribute to the restoration of a mind diseased. The establishment should be situated, then, under a mild sky, in an agreeable, fertile, and sufficiently dry part of the country, where the surrounding scenery, diversified with mountains, valleys, and plains, is calculated to enliven the spirits of the beholder, and invite him to wander and explore its beauties. In the next place, there should be an unfailing spring of good drinking water, a



running stream which will afford a constant supply for other purposes, and easy communication with some large market town, bestowing opportunities for procuring the necessaries of life, and for social and scientific intercourse. So much of general attributes. As we descend into particulars, however, it admits of some doubt, whether, if the situation be left entirely to choice, it would be more advisable to erect the buildings of the establishment on a plain, or on an eminence; and whether they should be quite solitary, or contiguous to some town or village. And this certainly deserves some consideration.

A situation upon a moderate, easily accessible eminence, of from 150 to 250 feet at the highest, above the level of the nearest river, and commanding an extensive range of agreeable scenery, and an unconfined view of the heavens, is certainly productive in a mild and serene climate, of exhilarating and joyful emotions. Besides the advantage of a dry and salubrious atmosphere conferred by such a situation, it is not its least recommendation, that it enables the patients to extend their view far and wide, over the boundary walls or hedges of the estate, as these may be placed at the lowest part of the establishment. The patients are thus not so easily reminded every moment of their incarceration, and, through it, of their other miseries.

Whilst an establishment in a level situation is deprived of all these advantages, and must, therefore, generally cause a less kindly impression, both on diseased and healthy minds; still it enjoys other very important advantages, not possessed by the former. The principal of these is the abundant supply of water, which a full stream affords for the baths, washing, and every kind of cleaning, as well as for the most appropriate construction of the privies. Other advantages of a level situation, consist in the greater facility of enlarging the ground-floor of the buildings, to any required extent; in the greater protection from the influence

of the winds and storms, thus materially affecting the consumption of fuel, and the ease of warming the day-rooms in winter; in the easier conveyance and delivery of all articles of consumption; and lastly in this, that the patients are more sheltered from the prying gaze of the inquisitive, to which they are too much exposed on a hill, which lies open to these glances from all sides. All these advantages are met by exactly correspondent disadvantages which, in the situation of an establishment upon a hill can never be entirely overcome, and only even partially diminished, by a great outlay of money.\*

In the same way, the advantages and disadvantages attending the entirely isolated situation of an establishment, and one contiguous to a town or large village, appear very nearly equivalent to each other. The neighbourhood of a market town certainly affords many conveniences and comforts, both in an economical point of view, from the promptitude with which various wants may be supplied, by the resident mechanics and tradespeople, and in other respects from the intercourse which may be kept up with the inhabitants. On the other hand, the vicinity of a town containing a population not entirely agricultural, but which consists of mixed classes, is so annoying and inconvenient, from the intrusive curiosity excited by the patients, and the incessant scrutiny to which they are exposed at every step they take abroad; the difficulty of completely releasing

\* I cannot doubt that a piece of ground on a level with a running stream, would be, in general, a highly inexpedient site for a lunatic asylum in England. The dampness of such a situation in our humid climate—especially in the time of heavy rains, when the stream may be swollen into a flood, is an irremediable evil which has no counterpart in an elevated situation, unless we speak of such an extreme height, as no one would contemplate for such a purpose. Besides there is scarcely any thing more important, in regard to the site of an asylum, than that it should afford a most *complete drainage*; and this can hardly be obtained, except in a somewhat elevated situation: and this character is by no means incompatible with the advantages of retirement and shelter.—Ep.

them from the usual noise and tumult of society, however desirable it may be that many of them should enjoy this liberation, is so much increased, and so much facility afforded to the servants, and in some degree to the patients also, for carrying on forbidden intercourse with the inhabitants, that these reasons would compel me to select a situation nearly solitary. I should prefer, however, most of all, one in which the establishment should lie about half an hour's walk from a town. All the advantages to be thence derived, would then be within reach, divested of the prejudicial accompaniments of immediate contiguity.

We have now reached that much discussed part of our subject, the consideration of the most appropriate arrangement and form of the several departments required in a lunatic establishment.

In order to arrive at a clear decision on these points, we must, above all things, hold steadily in view, the chief objects which claim the first and most immediate consideration in fixing every plan of this kind.

These objects appear to me to be the following:—

*First*:—An effectual separation of the male and female patients.

*Second*:—To remove the raving, screaming, dirty, and highly fatuous patients to as great a distance as possible from the rest; *without, at the same time, thereby withdrawing them from the eye of superintendence*; since it is precisely they and their attendants, who require the most vigilant oversight.

*Third*:—The greatest possible security of the patients, as far as it can be effected by architectural arrangements.

*Fourth*:—To afford the greatest possible convenience and expedition, in every thing pertaining to the care and treatment of the patients; as well as the most absolute oversight of the servants.

*Fifth* :—To aim at the greatest cheerfulness and commodiousness for the inmates of every part of the institution, without, at the same time, sacrificing any of the requirements above specified. To this head, also, belongs attention to the agreeableness of the prospects, and to facility of access to the courts and gardens, with other items of the same nature.

The following are the forms at present chiefly recommended for the buildings.

1. Several distinct quadrangles, having a certain connexion and relation with each other, and each enclosing a court-yard. If executed in the plan detailed in the sequel, this form appears to me superior to every other. According to this plan, a couple of two storied quadrangles, appropriated to the quieter and more slightly diseased patients and convalescents of both sexes, are connected by an intervening two-storied building, devoted to the purposes of domestic economy. Behind these are two other one-storied quadrangles, for the worst patients of both sexes; whilst the buildings for agricultural and horticultural purposes, are placed somewhere on the outside. This arrangement affords a very apt and convenient situation for the courts, gardens, &c., as will be more circumstantially shewn afterwards.\*

Of the establishments lately erected in this form, those which deserve to be particularly mentioned, are the one at Ivry, the house for females at Charenton, and the large establishment at Rouen. All these were built according to

\* The buildings should be of one story and two stories, and never raised to three or four stories; both because the greater height renders the service and oversight disproportionately more difficult, and because, as the altitude of the buildings rises, and the ascent of the stairs increases, the danger becomes greater of the patients precipitating themselves or falling down them. Except those parts of the buildings, however, devoted to the worst patients, which are only of one story, they cannot be less than two stories high, as they would otherwise extend over too great a surface, and this would be accompanied by disadvantages easily to be foreseen.

the maxims of the excellent Esquirol. I shall restrict myself to a somewhat minute notice of the last, as being the most important. My description will be partly grounded on the memoranda which my friend Dr. Zeller, the director of the new establishment for the insane at Winnenthal, in the kingdom of Würtemberg, had the kindness to send me, and partly on Dr. Kramer's description in *Horn's Archiv: für Med: Erfahr: Jahrg: 1825. s. 117.*

The institution is adapted for three hundred patients, and intended to receive the incurable, as well as the curable. In front of the more ancient buildings, which had been used a long time previously as a lunatic asylum, five handsome quadrangles have been erected, one story high, containing the dwellings of the patients. Each of them encloses a tolerably spacious court-yard, which is surrounded on three sides by a covered colonnade, and divided by a passage running across the centre, into two equal parts; whilst the fourth or front side of the square is formed by a strong, high trellis-work of cast iron, through which the eye can range over the fields intervening between it and the boundary walls of the establishment. All the quadrangles stand considerably apart from each other; but the middle one lies at a still greater distance behind the other four; two of which are on each side of it, and are appropriated to the different sexes. Each of these four quadrangles contains forty small rooms for separate patients so that the whole number for each sex is eighty. The worst patients inhabiting these quadrangles, are divided into the four classes, of furious, maniacal, melancholy, and idiotic. Each class is enabled, by means of the passage dividing the quadrangles into two parts, to have its own court-yard. The rows of cells, which are only eleven feet long and eight feet broad, are situated between two galleries. The inner gallery forms a roofed colonnade, and is open towards the court, which is laid out like a park; the outer one is entirely closed, and only lighted by grated windows



looking into the principal entrance-court. By this arrangement, the rooms, each of which is in general only occupied by a single patient, besides several other imperfections, are necessarily too dark; especially as the windows are directed towards the darker gallery, and the doors towards the colonnade. None of these rooms are capable of being warmed, except some of the larger ones, although the floor and walls are of stone. There certainly is a large common day-room in each division which can be warmed, but, as the worst patients are confined to their own rooms, they cannot of course participate in the comfort of it.

The central quadrangle, called the hospital, is a large and handsome building, standing far in the back ground, and is two stories high. The upper story is inhabited by the richer patients, when they are either convalescent, or when they become tranquil and more susceptible to the elegancies of life. They live together in ordinary family rooms, under a strict separation of the sexes. On the ground floor are the house-keeping rooms, kitchens, workshops for the patients, &c. In front of this quadrangle, and in the same line with the other four, stands a small neat building containing the baths, and forming, in some measure, a point of separation between the male and female quadrangles, with which it is connected, as well as with the hospital, by covered colonnades.

Lastly, yet farther backwards, on the right side of the great court, is a long two-storied building, which contains, on the ground floor, the residence of the physician, and on the floor above, rooms devoted to his own private patients.

The establishment as a whole, especially when viewed in front of the new buildings, has a very agreeable and lively appearance. The circling colonnades and the open sides of the quadrangles, with their elegant iron trellising, and the gardens in the inside and in front, greatly add to its beauty. There can be no doubt too, that all the necessary separation

of the different classes of patients, might be very aptly effected in such an establishment as this, did not the admission of incurable as well as curable patients render it totally impossible. But besides this, and in addition to the very defective arrangement of the greater part of the patients' rooms, the service, oversight, and treatment are greatly compromised by the distance of the several parts of the institution from one another, which must necessarily be the source of many disadvantages.

2. The H form, in which the house-keeping rooms and others, for the general use of patients of both sexes, constitute the junction-building, whilst the two front wings are occupied by the men, and the two hinder ones by the women, or *vice versa*.\* Here, however, though this seems to have attracted very little notice, besides the outhouses for farming purposes, separate buildings are also wanted for the accommodation of the worst patients, who create too much disturbance to be confined, with the least propriety, in any part of the main building.† It is besides very

\*This is not quite a correct description of the appropriation of the parts of the English Asylums, which have been built in the H form. In these the men patients occupy one whole side and the women the other, by which means the most complete separation of the sexes is effected, as the day-rooms and airing courts of each sex have an exactly opposite aspect.—*See the plan of the Wakefield Asylum, which the author has given as the specimen of the H form.*—ED.

†The question of whether the worst patients should be placed in a detached building, was very seriously considered in the arrangement of the Wakefield Asylum. Easy inspection of all the patients by the principal officers, was deemed an object of the utmost importance in those arrangements, and it was felt that there was no class of patients who were so liable to abuse, and, therefore, who so much stood in need of oversight by the superintendents as the worst. The annoyance which they may occasion to other patients was not overlooked; but the evils of neglect to which it was thought the worst patients would be exposed, by being detached from the main building, were considered greater than those which they were likely to inflict upon others. They were placed in the extreme parts of the wings, appropriated to the class most nearly approaching to the worst; and precautions were used to prevent the transmission of sound from their apartments. Yet I acknowledge, that it is a case in which

evident, that in an establishment for so great a number of patients as we are here supposing, the wings, unless they are all raised to three or four stories in height, or unless the rooms are ranged on each side of the galleries, which would thus be necessarily dark, must be carried out to a disproportionate length; and that the open courts between the wings, though they give an agreeable aspect to the buildings, can scarcely be at all applied to the use of the patients, and the less so, because one of them at least is required for domestic purposes and for the chief entrance. This circumstance is the more important, because airy, well enclosed court-yards are always exceedingly valuable to such institutions, as the patients may there at any time safely enjoy the fresh air, free from the continual and irksome oversight of their attendants. The last defect might, indeed, be remedied by placing the courts on the external sides of the wings, but this position would render it much more difficult to find a convenient situation for the gardens of the several divisions.\*

One of the most excellent lunatic establishments in England, the asylum at Wakefield, is built in this form, and

we have to choose between two difficulties, so nearly poising each other, that we may be very likely to determine, according as the one or the other has most frequently or recently pressed upon our attention. I may mention by way of illustration, that the committee of the Retreat, not long ago, had almost determined to erect distinct wards for their worst patients, when the scale was turned against the plan, by the experienced matron of that institution, who implored the committee not to remove that class from her most easy observation, as with her utmost efforts, she could hardly secure for them, the treatment and care which she considered essential. Our excellent author has elsewhere expressed a strong opinion, as to the extraordinary vigilance which this class of patients and their watchers require, on the part of the superintendents.—ED.

\* I must again request the reader to turn to the plan of the Wakefield Asylum, where he will find that the courts are placed so as to remedy the defect here pointed out; indeed the obtaining of ample space for their airing courts in immediate connexion with the day-rooms, is one very material recommendation of this form of building.—ED.

unites, perhaps in the highest degree, all the excellencies with which the form can be associated. Indeed, the general arrangements of this admirable institution, richly deserve the diligent attention of every one who takes an interest in the subject. Yet even in this instance, the building has been obliged to be raised to three stories in height,\* for the reception of no more than *one hundred and fifty patients*; and though several small erections were subsequently added, still the maniacal and other turbulent patients remain in the head building, and even distributed into the three stories.†

3. The Lineal form, in which all the buildings are ranged in a straight line. In this form, the domestic apartments are most properly placed in the centre, whilst the divisions for the male and female patients follow each other on their respective sides, in such a manner, that the convalescents and least deranged patients reside nearest to the centre, the other classes receding on each side as their disorder increases, so that the maniacal patients occupy the most distant wings. By this arrangement, a court-yard may be attached to the back of each division, and a garden behind the court. Neither is there any plan by which the better patients may be more completely separated from the worse, and, therefore, more secured from being annoyed by them. At the same time, if the galleries lie towards the courts and gardens on the inner side, and the day-rooms towards the

\* The parts of the Wakefield Asylum occupied by the patients, were designed to be not more than two stories high; but owing to the inequality of the surface on which the building was placed, one wing was carried three stories high, to preserve the equal line of the upper part of the building. It had no reference whatever to the number of patients to be provided for, of which the building might have been adapted to more than double the number originally contemplated, without any abandonment of the general plan of the structure, or without exceeding the height of two stories in any part of it.—ED.

† See the Work of Watson and Pritchett upon this establishment, plans, elevation, and description of the pauper lunatic asylum, lately erected at Wakefield. York: 1819.

grounds on the other side, the view of the patients will neither be improperly attracted by their fellow-patients in the courts, nor be too nearly engaged with the varying scenes of the world without. The length, however, of the buildings of an establishment to accommodate two hundred patients, erected in this form, would inevitably be so great, that supposing the part for the worst patients to be throughout only one story high, and the rest but two stories high, it would scarcely be less than fifteen hundred feet, exclusive of the buildings for economical purposes, and hence the performance of the service, as well as the free use of every place for general resort, as the baths and many places for other purposes, are seriously impeded. The preference must, therefore, be conceded to some other form, in which more rapid communication can be carried on, from the centre to the extremities, and the superintendence and treatment of the patients proportionably facilitated. Indeed, the inconveniences which attend the Lineal form, are so great in these respects, that they more than outweigh the advantages which it confers, in regard to a separation of the different classes of patients, and the division of the courts and gardens.\* For small establishments adapted for only

\* I cannot acknowledge that even these advantages belong to the Lineal form. If, as Dr. Jacobi observes, to avoid a preposterous length of building, the height is increased for the accommodation of patients, to three or four stories, it will be impossible to provide airing courts of sufficient size, in close connexion with the day-rooms and galleries of the patients. You must carry your courts beyond the line of the building, and thereby lose the advantage of easy access and oversight; but if the length of the building is increased, so as to provide for the patients without carrying them into a third or fourth story, you have still the serious inconvenience of the patients of the different sexes overlooking each others' airing courts, and also to a considerable extent, the patients who are in the best state of mind, overlooking the courts occupied by the more violent class. I was much struck with this defect, in a late visit to the excellent asylum at Perth, where I observed the apartments of the higher class of patients overlooked the court for the worst patients. But I speak the more confidently of the incompatibility of this form of building, with the right provision for the



sixty or eighty patients, perhaps the Lineal form stands unrivalled.\*

But as the same form has also been selected for even large institutions, the only means of avoiding the immoderate length of the buildings, has been to raise them so many stories higher, and thus the principal advantages which the form is capable of bestowing, are more or less sacrificed. This remark is exemplified, amongst other instances, by the New Bedlam in London, which has lately been erected at so enormous an expense, and with so much outward splendour; for though the front of the building is nearly six hundred feet long, and the breadth varies in different parts, from forty to sixty feet, it was found necessary to build it four stories high. Yet after all, and notwithstanding this extravagant length, there are but very few large rooms on the several floors, for the common use of the patients. All the rest of the building, except the domestic offices and those belonging to the farm, &c., consists of a uniform series of small rooms, not exceeding ten feet by eight, and opening into common galleries. Another unavoidable consequence of this altogether ill-devised plan is, that all the maniacal and other violent patients are taken into the interior of the main building. The only two separate erections which might have been applied to their use, are set apart for insane criminals. The ground provided for the courts and

wants of insane persons, from its having been the original form of the Retreat, where its inconveniences have been long felt, and are yet only partially remedied.—ED.

\* The Royal Asylum at Perth which, though intended for only eighty patients, may be esteemed as one of the best establishments in Great Britain, is built in this form, all the patients' rooms being ranged in a straight line. The dwellings of the officers, as also the wash-house and kitchen, occupy the centre. The kitchen has communication windows on both sides, and is never entered by the attendants of either the male or female patients. By this, as well as every other arrangement of this establishment, the separation of the men and women servants is effected in a more complete manner, than in perhaps any other public institution.

gardens, is also very insufficient for the contemplated population of the establishment, (which, though built in the first instance for two hundred and twenty patients, it was purposed to enlarge for the admission of four hundred,) scarcely four acres being at first devoted to them all; and more than sufficient was thought to be devoted to them, when a disposable piece of ground of three acres in extent was taken in addition.

Like the preceding establishment, that of Mecklenburg Schwerin, erected a few years ago, in the same form, at Sachsenberg, notwithstanding the many and great excellencies which adorn it, and render it so extremely delightful an object on the bosom of our fatherland, is yet marked by the peculiar blemishes, which the desire of avoiding the too great elongation of the buildings, has imposed upon the Lineal form. Some parts of the edifice are, in this instance, also four stories high. The remainder is three, including the cellars which rise considerably above ground. The maniacal, noisy, and dirty patients, occupy the first of the four stories on both sides. In this situation, they cannot fail to be exceedingly injurious to those who dwell above and on each side of them, and the more so, as they are constantly exposed to the sight of the patients above, whenever they are in their courts and gardens. Considering too, that the establishment was intended to receive, in case of necessity, as many as two hundred patients, the gardens and grounds attached to it are far too small; and this will be more sensibly felt, as the number of patients increases with each succeeding year.\*

4. The Star or radiating form. This form has been eulogized by many writers. It has been adopted in the celebrated establishment at Glasgow, in Scotland. In the middle building, whose centre is formed by a convenient staircase, lighted by a glass cupola, are the residences of the manager

\* Die Irrenanstalt Sachsenberg Schwerin, 1833.

and other superior officers, and the common day-rooms for the patients joining each other in a circle. The latter, as well as the galleries throughout their whole extent, can be seen from the manager's apartments; whence this form has been termed *panoptical*. This figure evidently admits of a considerable number of divisions, for separating the different classes of patients, and is well calculated to expedite the oversight and service of the establishment. Still it is no less evident that, as soon as a large multitude of patients have to be assembled in such a building, unless all the galleries are flanked on each side by a row of rooms, either the entire edifice must be raised up to several stories, or the wings must be disproportionately prolonged or multiplied to six or seven in number. If the plan of increasing their number be acted on, the central building from which they must spring only at such distances, as to permit the full influx of light into the windows at both sides, acquires a depth and circumference which no longer either accord with its destination, or answer those purposes which are only to be attained by an appropriate and harmonious construction of the whole. The Glasgow establishment was purposed for the reception of no more than a hundred patients; and it was found necessary, for this comparatively small number, to build it three stories high, and, after all, to bring the maniacal and dirty patients into the interior of the building. In the course of a few years, it was discovered that this very moderate number of patients, could not be comfortably accommodated without the addition of some more rooms, particularly larger ones. At the foundation of the institution, it was esteemed a great recommendation of the form selected, that if, at any future period, an increase in the number of the patients, or any other circumstances should render it desirable to enlarge the establishment, the enlargement might be effected by lengthening some of the wings, without materially disarranging any of the existing

proportions, or sacrificing any of the advantages aimed at in the choice of the figure. At this crisis, however, it was found that partly on account of some internal arrangements, and partly on account of the gardens, which had been laid out in certain fixed relations to all the parts of the establishment, the enlargement was only practicable at one side. But one of the four wings, therefore, being lengthened, the whole symmetry of the building was at once destroyed.\*

5. Besides the forms of lunatic establishments that have been mentioned, many others have been proposed, and some adopted. Of the forms that have been merely proposed, I know of none in which there is such a general union of the requisites for a lunatic establishment, according to my views, as to merit any particular regard in the planning of fresh institutions, although they may have coincided, in a very complete and satisfactory manner with some single requirement. Most of the propositions of this kind only

\* I believe that Dr. Jacobi's objections to this form are well founded, and I also believe that the enlightened physician of the Glasgow Asylum, Dr. Balmanno, would unite in the same judgment as regards its adaptation to a large number of patients. The obstructed circulation of light and air in the more central parts, when the radii become much prolonged, is a strong objection to the *form*, neither does it provide so effectually for good airing courts, and the effectual separation of men and women, as the preceding form appears to me to do. The Glasgow Asylum has, however, peculiar interest, as being I believe, the first building formed in Great Britain, on an enlightened view of the wants of the insane. It was completed in the year 1814. The public spirited persons who had determined on the establishment, deputed a young architect of the name of W. Stark, to visit the principal English establishments, previously to forming the plan of their building; and he proved himself every way worthy of the trust reposed in him. Limited as was the number of places where he could then find any other system of treatment in operation, but that of brute force, he seized upon the facts which were presented to him, in the few establishments in which a better spirit prevailed, and deduced from them, the wants and requirements of the afflicted class, for which he had to provide. It was a happy, may we not say a providential circumstance, that our northern neighbours pitched on such a man as Stark, as their professional assistant. His report of his tour and investigations is an elegant essay on the requirements of the insane,

serve to expose the very crude ideas, which the authors of them have entertained on the subject of their labours. What else, for instance, can be said of that plan for an establishment, projected by Guislain,\* according to which one large oval building was to include two smaller ovals, one for the men and the other for the women; and each of the latter was to contain eight courts, surrounded by the buildings containing the rooms for the patients. None of the rooms in this proposed institution were more than ten feet by eight, and many of them were still smaller. The great object in the invention of this plan seems to have been, to provide a separate room for every one of the three hundred patients whom the establishment was to receive. Amongst the great multitude of establishments actually erected, in forms differing from any of the above, I shall only mention

with regard to the construction of their abodes, and, I believe, it has the honour to be the first essay on the subject. It is distinguished alike by ardent humanity and sound discretion; and there can hardly be a doubt, that the result of his inquiries, and the vigour with which he contrasts the old regime of coercion and terror, with that of a mild, conciliatory, yet firm sway, had no little influence in determining the better course of treatment, which marks the Scotch Asylums in general. Without losing sight of security, Stark perceived that he had to provide an abode for the unhappy, in which every thing should wear a cheerful aspect, in which the inmates might be judiciously arranged in classes, have the utmost variety and facility of change compatible with their condition, and be ever under the easy observance of the superior officers. The pursuit of the last of these objects probably determined him in adopting the radiating form for his building; and it was with no little hesitation that, some years afterwards, when I was led, by circumstances, to inquire into the adaptation of various forms of building, to the wants of the insane in considerable communities, that I found myself obliged to reject the form which the architect of the Glasgow Asylum had adopted. The reader will be able to judge of the pleasure I experienced, when I found that, in a later erection,—the Dundee Asylum,—he had adopted the form, that called the H, which, wholly unaware of the circumstance, I had concluded upon as the best, and had recommended to the magistrates of the West Riding, in the plan of their Asylum. I regret to add that W. Stark died before the completion of the Dundee erection.—Ed.

\* Die Irrenanstalt nach allen ihren Beziehungen, part 2nd.



two of the most important, both which have been built within the last few years, viz., the private establishment at Vanves, near Paris, conducted by Drs. Falret and Voisin,\* and the public establishment at Hanwell, near London, for the pauper lunatics of the county of Middlesex.

The former of these establishments is situated in a small village, at a little distance from the high road, about three or four miles from Paris. It stands upon a tract of elevated ground, which offers, in its extent, the greatest diversity of scenery, and would, without any artificial assistance, present many strikingly beautiful prospects. The views by which Dr. Falret was guided in planning the establishment, were chiefly directed to the influence of separating the patients from each other, and of placing them in a situation which should agreeably affect both the eye and the mind. Proceeding on this principle, he has carefully excluded every thing which might give it the slightest appearance of a compulsory establishment, and has so perfectly succeeded in his object, that the whole much more resembles a gentleman's country-seat than a lunatic asylum. None but a very minute observer would detect in many things an appearance of studied carefulness, where no peculiarity would strike the eye of a superficial inspector. The pavilions for the different divisions of the patients, are completely distinct from each other. Each division has a separate garden, wherein trees, shrubberies, beds of flowers, and a flowing fountain of clear water please the sight, and in fine weather, afford grateful shade and refreshment. The partitioning walls are either covered with shrubs and climbing plants, or are pleasantly decorated, so as to diminish their offensive character. The doors through them are divided into halves,

\* This account of the private establishment of Dr. Falret, at Vanves, is extracted from the second part of Dr. Jacobi's Work; the description which he had inserted in the text being found, after that part of his work which contained it had gone to the press, to be incorrect.—*Tr.*

and allow the view to range over the fine landscape without. The outside and interior of the pavilions are constructed with equal taste and elegance, at the same time, that the objects of the several divisions are not thereby compromised or lost sight of. For whilst the rooms for the restless and maniacal patients, are painted a plain and uniform colour, and only furnished with such articles as are strictly necessary, those for the tranquil patients are tastefully papered, and furnished with exquisite care. The views, likewise, from the windows, embrace flower-beds and shrubberies, beautiful landscapes, or the grand park, according to the divisions from which they are seen. Whilst the range of view from the windows of the restless and maniacal patients is narrow and uniform, that from the windows of the melancholy patients is wide and variegated, surprising and delighting the eye by the multitude of beautiful objects presented to it; in order, as M. Falret says, to soothe the former by uniformity and quietude, and to rouse the latter to a sense of pleasure, and withdraw them from their gloomy abstractions.

The sexes are rigidly separated, the ladies residing on the left, and the gentlemen on the right side.

Some of the buildings are only one story high, and none of them more than two. Their construction is affected in several places by their contiguity to other houses, but the patients are screened from the observation of the neighbours, by the intervention of high walls. In the distribution of the patients into the several divisions, according to the different types of their disease, the noisy and disgusting patients are removed as far as possible from the others, so that the quiet and convalescent patients are located next to the main building, in which the physicians reside. The main building itself is sometimes occupied by patients.

Dr. Falret can prepare in all seven distinct divisions for each sex, every one of which has its own saloon, and a separate garden.

The number of baths is four, two for each sex. One of them is used by the violent, and the other by the tranquil patients. Each bath-room contains two bathing-tubs, and provisions for douche-baths, but the latter are concealed from the sight, in recesses in the walls. The patients are not held in the bathing-tubs by metal covers, but by the hands of the servants. The revolving chair of which Dr. Falret sometimes, though very rarely, makes use, is constructed so that the patients may be turned round, either in a sitting or recumbent posture.

Besides the small private gardens, there is also a large garden behind the establishment of sixty French acres. The grounds are artificially raised and depressed in different parts, and a small stream of water meanders through them. They have been laid out with exquisite care and taste, which have produced a surprising variety of beauties. Densely shaded plantations alternate with free and open spaces, and these again with umbrageous bowers of thickly interwoven foliage. Art has also been most skilfully rendered subservient to the adornment of nature, in arranging those spots from which may be seen the most striking and beautiful prospects of the city of Paris, and the surrounding villages and seats, encircled by their wide-spreading forests. Groups of flowers, fruit and other handsome trees, mutually heighten the beauties of each other.

The whole garden is divided by a wall into about four equal parts, so that both sexes are enabled to seize the advantages of favourable intervals, in bad weather, to enjoy the fresh air. In the farther second division of the garden, are several distinct pavilions, which can also be used as patients' dwellings. One of them, named *Pavillon Pinel*, lies near the remotest extremity of the garden, and another, *Pavillon de la Ferme*, near the upper division, and is three stories high. The first story is occupied by the patients, and the second by one of the physicians, or by the family

of a patient, when it may be judged beneficial for him to remain in their vicinity. The stables and gardener's house, and a small farming establishment, are also in this part of the premises. Besides these two pavilions, there has been also a new one erected; and it is intended to build others in future, in those parts of the grounds which command the finest prospects. Dr. Falret has done every thing to make the patients' apartments agreeable and cheerful. The windows are not anywhere grated, but are secured either by simple shutters or Venetian blinds, the bolts of which may, in case of need, be screwed by a peculiar key to within the surface of the wood.

The rooms are warmed by common or portable stoves, according to circumstances. The number of patients in the whole establishment may amount to sixty or seventy; at present there are forty-six. The charge for each patient is seven thousand francs, or £280 a year. Every patient has his own attendant.

The employment of the patients is generally left to their own choice, but they are encouraged to apply themselves to gardening. The private gardens are always open to them, and most of them have access, for a great part of the day, to the park, in which they have the privilege of riding on horseback. It also contains a *jeu-de-basue*, and a swing for their amusement. The patients take their meals in companies, as their state of mind, and their own wishes dictate. On several evenings of the week, they are collected in the large drawing-room, and the physicians are generally present at their parties. In summer, those who are in a fit state, make excursions into the country. The convalescents and quiet patients, also frequently walk out at other times singly, with their attendants.

Taking all things into account, this noble institution will always rank as one of the most excellent of its kind, though it admits of much doubt, whether this minute

attention to every thing that can gratify the irregular desires of an unhealthy mind, by exciting impressions of pleasure, is, in all cases, of a salutary tendency, or ought to receive the sanction of medical approbation, even for patients of the highest rank.

The establishment at Hanwell, near London, which, as was mentioned before, was intended for about seven hundred patients, consists of a very long and wide central building, joined at right angles by two large wings. It is three stories high, and has a majestic and imposing appearance, which is considerably heightened by the magnificent entrance into the bounds of the estate, and by its cheerful situation in a large plain not far from the Thames. A canal runs from the river right up to the main building, and renders the prospect from all sides extremely delightful. The establishment is warmed by means of heated air, and lighted in the evening by gas. On the middle of the roof of the central building, stands a high glass cupola, transmitting a copious light on the stairs, which are situated under it, and from which the whole length of the galleries can be seen on both sides. The airing courts are placed behind the centre, and behind the two wings. The buildings for farming purposes are connected to the wings of the head building, and the wash-house, perhaps, one of the finest that exists anywhere, is annexed to the women's wing. But these great and striking excellencies are far from being corresponded to by the internal structure and arrangement of the establishment, which indeed present a remarkable contrast to the magnificent and princely exterior. In the first place, the primary division of the patients, that of the sexes, of which the male occupies the left side of the centre and the left wing, and the female the same parts on the right side, cannot be adequately enforced in the form selected for the buildings of the establishment, since the apartments of the men and women meet in the centre, and are only separated



as they further recede from each other on each side, by the long range of the buildings, which is not sufficient to prevent their mutually observing each other, nor the possibility of other kinds of intercourse.

In the next place, there is no arrangement for the due separation of the different kinds of insanity, according to a proper classification of the patients. The whole of the classification consists in their general distribution into tranquil, raving, and bed-ridden lunatics; and even this is by no means completely carried into effect. The sleeping rooms for single patients are very small and exceedingly narrow, though lodging-rooms of greater dimensions lie between them. The galleries are also disproportionately narrow. On the ground floor are the work-shops for the patients, and the residences of the officers. The bath-houses, which are very simple, are joined to the ends of the wings. It is yet to be noticed, that the windows are not secured by either iron or wooden bars, but are constructed in two different ways. One kind consists of a very small upper sash, which is the only part that can be opened, but does not allow room enough for any one to escape through the aperture, and of a large fixed undersash, the frames of which, as well as of the upper one, are of iron, and have small sliding panes. The other kind of window has no sliding panes, but is formed of two round halves lying one behind the other, and as they fit precisely together, they can be turned round so that the glazed parts shall cover each other or not, as the window is wanted to be open or closed.

6. Finally, it has been strongly recommended, that a certain number of distinct pavilions one story high, should be erected in a large piece of ground laid out like a park, and appropriated to the different classes of insane patients. It may easily, however, be perceived that such an idea could only be realized in the case of a small private establish-

ment, for twenty-five or thirty patients at the outside, and that it would require a much milder climate than we are favoured with in Germany, not to be very soon involved in a most awkward predicament. An institution for two hundred patients, arranged on such a plan, would be so lost and dispersed on its own ground, that any regular superintendence and medical treatment of the patients would be impossible, even in the finest weather. How then could the case stand amid the tempestuous blasts of autumn, or the rain, snow, and ice of winter.\*

\* I purposely omit to notice the architectural arrangements of many old establishments, and even large ones, because none of them, so far as my acquaintance goes, answer, in any of the most important particulars, to the conditions which we are at present justified in demanding for similar institutions. The celebrated establishments at Aversa and Saragossa, may be adduced as exemplifying this remark. However their praises may have been sounded and echoed from hearsay, more accurate accounts of their structure, have taught us that these praises were entirely unmerited. The sketch of the ground plan of the former, contained in Dr. Domenico Gualandi's "*Osservazioni sopra il celebre Stabilimento d'Aversa*," Bologna, 1823, presents us an arrangement which is defective and objectionable in almost every one of its parts. But besides these old establishments, there are some recent ones in Germany, which, like that at Siegburg, have been formed out of buildings already existing. Amongst these, the institutions at Leibus, in Silesia, at Hildesheim, in the kingdom of Hanover, and at Winnenthal in the kingdom of Wurtemberg, deserve to be particularly pointed out. Supposing, however, from the accounts which we have received, that the above establishments are distinguished by great excellencies, still it would not agree with the purpose of this work, to give an account of their architectural construction, even if I were better acquainted with it, than in the two first instances, at all events, is the case.

## CHAPTER IV.

CHIEF OBJECTS TO BE KEPT IN VIEW, IN THE INTERNAL ARRANGEMENTS AND DIVISION OF SPACE IN AN HOSPITAL FOR THE INSANE, WHATEVER MAY BE THE EXTERNAL FORM SELECTED. ON THE BEST ADAPTED CLASSIFICATION OF THE PATIENTS, AND THE DIVISIONS RENDERED THEREBY NECESSARY IN THE BUILDINGS. WHETHER A PARTICULAR DIVISION FOR THE CONVALESCENTS IS EITHER NECESSARY OR SUITABLE. THE CONTRARY MAINTAINED.

WHATEVER form may be selected for an hospital for the insane, there are certain principles to be kept in view, in the architecture, and in the internal arrangements and division of space, which, I think, may be specified as follows.

*First:*—The building as a whole should be characterized by solidity and plainness, with as much cheerfulness as possible, neither exciting in the mind the idea of a castle, a monastery, a factory, nor, above all places, of a house of correction. Its architecture should resemble, in every particular, that of a respectable citizen's mansion. And to this character, the height of the stories, the upper one of which should never be lower than eleven feet, the height and breadth of the windows, except in those parts where a regard to security requires a peculiarity in their make, and the form of the doors, as well as all its remaining features, should correspond. The whole should bear the stamp of a large lodging-house or hotel at a watering place, so as not to appear by its outward splendour to mock the miseries of its inmates; but yet, in its elegance and simplicity, its cheerfulness and convenience, affording an ample testimonial

of the care which has been bestowed to lighten and alleviate the long separation from their friends, to which the process of a tedious cure may subject the unfortunate sufferers.

*Second:*—The whole body of the patients of both sexes must be divided into certain chief classes, according to the greater or less degree of influence which their disease has over their moral and social behaviour, and according to the degree, dependant upon the measure of this influence, of their ability or inability to conduct themselves in a quiet, cleanly, decent, and orderly manner, to observe prescribed rules, and to employ themselves usefully, &c., as well as according to the different kinds of medical treatment indicated by this diversity; and those patients who agree together in these particulars, must be placed together in separate divisions of the buildings. Further, the principal divisions for the tranquil and well-behaved patients, must also contain subdivisions for the different ranks, so that the patients of the lower and uneducated classes may be separated from those of the superior and wealthy. Neither must the minor gradations of society be altogether disregarded.

*Third:*—In proportion as the several divisions are intended for patients more or less deeply diseased, must their internal construction be more or less adapted for the seclusion of individuals, or for more general companies.

*Fourth:*—The day-rooms must be separated throughout from the lodging-rooms, so that none of the patients but those who are confined to their beds, may have access to them at any hour except bed-time. How far the rooms for the worst patients must form an exception to this rule, will be more fully detailed afterwards.

*Fifth:*—The attendants must live and sleep in the same rooms with the patients, except in the division for the worst patients, where they must either have distinct rooms, or sleep in the galleries in front of the patients' rooms.

*Sixth:*—Well-lighted galleries of sufficient breadth should extend in front of the rows of patients' rooms, in which they may walk up and down. When the buildings of the establishment consist of several quadrangles enclosing courtyards, the galleries should lie towards the courts, and the rooms on the opposite side. In no case should the galleries lie between two parallel suites of rooms, and thus receive only borrowed light.

*Seventh:*—The arrangement should be universally such, that turbulent, noisy patients, that is, those who do not yet on that account belong to the division for maniacs, may never be placed either over or under those who would be injured by their uproar.

*Eighth:*—All the divisions must be so distinct from each other, that no sort of intercourse may be kept up between their respective inhabitants. At the same time, the passage of the attendants from one division to another must be as free and unimpeded as possible.

A sufficient number of steps should conduct to the upper story. The steps should be convenient and of easy ascent, with landing places at the turns, and of sufficient width for the conveyance of patients up and down, when this is necessary, and the carriage of all sorts of utensils; well lighted and secured from the possibility of accidents over the ballustrades.\* The dwellings of the male and female upper-attendants must be in the centre of the division for their own sex, and in such situations as will afford the greatest facilities for the discharge of their superintending duties.

*Ninth:*—All the rooms and offices for general use, having

\* It is better to avoid ballustrades altogether in the stairs chiefly used by patients, and this, as well as other advantages, are easily effected by placing the stairs within walls; the inner wall forming a pillar of about four feet square, thus The flights being short, the danger from a patient being pushed forward is much lessened.—F.D.





any connexion with the treatment and care of the patients, must be so conveniently situated, that they may be come at with equal facility from all the patients' divisions; for instance, the chapel, baths, dead-room, dissecting-room, kitchen, wash-house, magazines, store-rooms, &c., the residence and office of the house steward, the dwelling of the second physician and his assistant, must also be conveniently situated for the same purpose.

*Tenth*:—In the same way, the buildings belonging to the farm, the dwellings of the steward, and of the servants under his charge, the stables and cowhouses, barns, sheds, joiner's and tailor's workshops, should be commodiously situated more externally. The director's house should stand in a more open, quiet, and secluded part of the premises.

After having thus given the outlines of those general purposes to which the architectural arrangements should be adapted, it is necessary for us to consider with more minuteness, the partitioning of the rooms for the various objects of the establishment, especially in reference to such a separation of the patients into different classes, as their temporary state of mind so urgently demands. For the appropriate arrangement of a lunatic establishment in this respect, by the adaptation of the patients' divisions, in respect to size and relative situation, to the varied treatment required by their condition, constitutes one of its most important advantages, and, indeed, is one of those which are pre-eminently decisive of its value. Too much care and circumspection cannot, therefore, be exercised on this point in the building of fresh establishments of the kind. \*

The leading principles which should form the general

\* Where much attention has been paid in the erection of a building, to provide for the wants and contingencies of an asylum, it not unfrequently happens when additions come to be required, that the great principles on which the original architectural arrangements have been made, are entirely lost sight of and violated.—ED.

ground-work of a classification of the patients in an hospital for the insane, having been already explained, I need only remark in this place, that their principal aim is to select and remove the worst patients from the rest, according to the degree of influence exercised by their mental derangement upon their outward conduct; that is to say, in so far as they threaten to be dangerous, injurious, or offensive to the others. At the same time, even the greatest diversity in the forms of insanity, when associated with harmless and becoming conduct, affords no ground for particular separation, because neither the process of cure nor the order of the house, will ever suffer any essential interruption from the intercourse of such patients.

In the separation of those patients, however, whose insanity is distinguished by at least an objectively worse character, our aim is, in the first place, to prevent such patients from abusing themselves, the other patients, or their attendants; to secure the cleanly from being annoyed by the dirty, the quiet by the noisy, and the harmless from being ill-treated by the mischievous. Of far greater importance is it, however, in the second place, to guard against the diffusion amongst the other patients of that maniacal excitement, of those ungovernable passions and affections, and of those immoral habits and propensities to which these unfortunate beings are so often subject. The experience of most establishments for the insane, has but too often proved how banefully the example of this class of patients, is apt to operate by its impression on the senses upon those of their companions, who are already rendered susceptible by their own unhealthy tendencies of a similar kind.

Seeing then that there can be no doubt, either in regard to the extremely pernicious influence which such patients are capable of mutually exercising upon each other, or in regard to the necessity of the most perfect prevention of it;

and as it is also equally clear, that these hurtful effects cannot be avoided by any other means, than an efficient separation of those patients who are thus morbidly disposed, from such as may be able to exert this influence over them; there arises a necessity for certain divisions, which will be determined by the diversity in the indications of the disease on the one part, and by the diversity of the susceptibility to the same, on the other part. Nevertheless, it is necessary that, in these divisions and separations, some principal modifications only should be kept in view, lest the organization of the establishment should become too complicated. The limits must be so defined, that the most essential parts of the object may be gained, without too great a regard to niceties of little moment, which might destroy the practicability of the whole. From these grounds, I conceive the following chief divisions for the patients of both sexes may be adopted.

*First*:—A division for maniacs and those other patients who have a propensity to habits of destruction, and are liable to make sudden and dangerous attacks upon others. As many such patients however are not noisy, and as these may be very much injured or excited, according to circumstances, by those who are continually shouting, bellowing, or screaming, as some do for days and nights together, so for the latter modification of patients,

A *Second* division is wanted, which shall receive the noisy patients. This division is one of the most indispensable requisites of the establishment, and should be so built and situated as to confine the sound as much as possible, and prevent it from spreading to the other parts of the establishment.

*Third*:—A division for patients suffering under a great degree of temporary imbecility. Patients afflicted with congenital idiocy, or chronic and fixed imbecility, in consequence of previous disease, as before pointed out, are not

proper objects for a curative establishment. This division may, without prejudice to those for whom it is intended, if it be otherwise completely distinct, stand next to the first division, and include also those dirty patients, who do not belong to the first and second divisions.

*Fourth*:—A separate division is also required for those who do not belong to any of the foregoing divisions, but who are still more deeply diseased. This class comprises, in the first place, those more highly excited patients, whose disease is manifested in a manner more especially calculated to injure the others; for instance, by the constant repetition of certain gesticulations or words, by incessant chattering, declaiming, singing, moving about, &c.; also, those who are habitually refractory, malicious, mischievous, and immoral. And in the second place, are included those low-spirited or melancholy patients, whose conduct may be capable of making an injurious impression upon others disposed to the same feelings, or whose propensity to suicide renders it necessary for them to be more carefully watched. It will also be proper that these melancholy patients should have a suite of rooms appropriated to themselves, on account of the unremitting vigilance with which they require to be watched, although for every other reason, they are the more fit to be confined in the same grand division with the excited patients just alluded to, because they are too much absorbed in themselves, to suffer any considerable degree of harm or annoyance from them. Of course, it is understood that patients affected with the slighter degrees of melancholy, do not come under this head, as they belong to the next great division.

All the modifications of insanity that have hitherto been mentioned, being provided for in the above four divisions.

The *Fifth* division receives all the remaining individuals committed to the treatment of the establishment. Whatever species of insanity they may labour under, wheiher it be of recent occurrence or of long standing, whether they be

convalescent or already regarded as cured, or even if they are far from this point, and perhaps even already recognized as incurable, yet they rightly belong to this division, so long as they are capable of conducting themselves in a peaceable and becoming manner, of obeying the rules of the house, and of employing themselves according to received directions, and are, at the same time, free from all such morbid peculiarities as would render them essentially injurious to the other inmates of the same part of the establishment.

A difference, however, must necessarily be made in the accommodations provided for the different classes of society. In the first three divisions, patients of the higher ranks will be more or less mingled with those of the lower classes. Indeed the nature of their insanity renders a scrupulous distinction of ranks in these divisions, neither possible nor desirable. Even in the fourth division, the only difference to be made between them is, that the rich are to be accommodated with rather better furnished rooms, somewhat superior provisions, and more special attendance. But in this, the fifth division, the richer and better educated patients should have a distinct department, in which they may live together, in the enjoyment of at least a moderate share of the usual elegancies of life, in regard to furniture, clothing, amusements, &c. The condition of such patients requires that a sufficient attention should be paid to their sense of personal comfort in these respects. Care must also be taken that those patients who are suitable for each other's society, as well as the convalescents, should occupy, when it is possible, the same, or at least neighbouring rooms; and this rule should be kept in view, with respect to the patients of the lower ranks already associated in the larger rooms of this division, though it need not be so strictly observed amongst them as amongst the higher classes, the neglect of it being generally less noticed amongst patients of the lower grades of society.



The question may not improperly be asked here, whether some provisions ought not to be made for the separation of the convalescents, and whether these above all others ought not to be united in an entirely distinct division. For it is well known that many have insisted upon this particular separation in lunatic establishments with great emphasis, and have not only represented it as insufferable, that those who are recovering should live any longer amongst the insane, but have considered that relapses were very greatly to be apprehended from the continuance of such an association, even if they were not inevitably consequent upon it. Thus many physicians of the insane have expressed an opinion, as I have already remarked, that when circumstances have rendered the removal of a person to a lunatic asylum imperatively necessary, he could not be liberated too soon, after the first appearance of recovery.

Now I feel myself authorized by the results of observations fully to be relied on, explicitly to denounce these representations as the mere chimeras of theorists in the treatment of diseased mind, the nothingness of which is most convincingly demonstrated, by daily experience in every establishment for the insane. This experience proves that the separation of convalescents, and those who are more or less nearly approaching convalescence, from those patients who remain affected in such a way, that the quiet and comfort of the convalescents may be seriously disturbed, and their feelings, in many ways, wounded by continuing in close connexion with them, is altogether an impulse of humane feeling, and not a necessary expedient to avert a threatening danger to their health, or the probability of a relapse. It may be taken as a general rule, that when recovery has once fairly set in and proceeded to a certain point, its progress is no longer retarded by such influence. Convalescents from disorders of this class attain perfect restoration, even

when exclusively surrounded by the worst patients of all kinds, and I have never seen either a relapse or any essential harm occasioned purely by such influence. Often, on the contrary, have I observed, as I took occasion elsewhere to remark, that patients even of the most delicate frame and susceptible mind, who, in the course of recovery, have been removed into the higher divisions, have daily, without the slightest injury, returned to their old wards, from sympathy and interest for their former fellow-patients; and have made it a part of their regular employment to cheer and console those whom they have left behind. Hence it is impossible to avoid perceiving, that the continuance of patients amongst the insane, after the commencement, and during the progress of recovery, is really rendered more harmless by circumstances and habit, than those who have not had the opportunity for personal or unbiassed observation would readily believe; and, indeed, that the dangers which these theorists so loudly proclaim, have no actual existence. I am even still further convinced by many examples which have come under my notice, that when a patient who is apparently convalescent, begins to complain much about the necessity of continuing any longer amongst the insane, and manifests too great an anxiety on that head, his convalescence is yet to be considered as extremely doubtful. The propriety of the continuance of the convalescents amongst patients who are either approaching the like state, or whose insanity is not manifested in any way which can interfere with their comfort, cannot, I think, be questioned. To go still further, I am also decidedly of opinion, that in an establishment where the apartments for the improved and more orderly patients are properly separated and arranged, a distinct division exclusively devoted to the convalescents is not only superfluous, but, in many respects, directly counter-active of its object. For, in the first place, and this is a

most weighty objection, it is, by no means, calculated to promote the general good of the patients, nay, much rather it is extremely prejudicial and injurious, to remove from time to time, in order to place in a state of isolation, the improved and more rational individuals from the body of the other patients, who are likewise on the road to recovery, at the very moment when they become capable of diffusing the most favourable influence around them; an influence which they generally exert with the greatest goodwill and sensibility. It is precisely by means of the convalescents, that a great desideratum for lunatic establishments, which it has always been very difficult to fulfil, may, at least to a certain extent, be realized; and that is, to surround the patients with a greater number of rational persons. And it appears to us that to sacrifice so great an advantage to a theoretical and unfounded opinion, is truly unwarrantable, even if it be proved that the convalescents are thus made subservient to foreign purposes; for every patient in the progress of his recovery participates in the same benefit.

*Secondly*, in establishments not containing more than two hundred patients, the number of those who are decidedly convalescent of each sex, and from each division and rank in the establishment, must always be very insignificant, and, therefore, the isolation of these few individuals, amongst whom the same distinctions of sex and rank must be still upheld, could only, in most instances, be effected by means the most trying and afflictive.\* At the same time, it will

\* Let us take, for example, the proportion in the House of Recovery, as it is called, recently erected at Sonnenstein, in Saxony, where, at the conclusion of the years 1827 and 1828, there were thirteen patients each time; in 1828, eight men and five women. Now suppose for the sake of illustration, that one of these five female convalescents belonged to the highest classes, (and for one only has accommodation been provided,) another to the middle class, and the remaining three to the lowest class, and it will not be difficult to conceive how little these poor recluses would enjoy their well-meant solitude.

be necessary, if the convalescents are effectually separated from all their fellow-patients, that double means of recreation and employment should be procured.

*Thirdly and lastly.* Supposing this separation to be effected in a manner answering to the proposed object, yet it would scarcely be practicable, except in a distinct building at a considerable distance from the centre of the establishment, by which the convalescents would be withdrawn from the central point of superintendence and care. Fresh regulations would therefore become necessary, and essential disadvantages of many kinds unavoidably ensue. It has been attempted to obviate this difficulty at Sonnenstein, by committing the charge of the convalescents' department to the clergyman of the establishment, who also resides in it. But there is no doubt that this plan again is so far disadvantageous, as it withdraws, to a great extent, the service of the clergyman from the majority of the other patients. At least, the great and important sphere of usefulness, which the clergymen are intended to occupy at Siegburg, constitutes a decisive argument against its adoption in that institution.

If this distribution of the whole body of the patients of both sexes into five divisions, as above determined, be founded on correct principles, it remains now to fix the average number of patients, who may be supposed to be received into each division, as the relative size of the several divisions will depend on the proportion of patients who are likely to occupy them. Whilst I shall ground my attempt to approximate to a right standard on the results of experience, at the Siegburg establishment, I must premise that a greater number of rooms ought to be at disposal in all the divisions, and especially in the four lower ones, than the average estimate requires, as it often happens that an unusual number of the patients are attacked, though it may be but temporarily, with such symptoms as

oblige them to be removed for a time into one of the lower divisions, and such an occurrence ought never to create any embarrassment in the means of accommodating them. Indeed in establishments of this kind, the necessity of transferring patients from the upper divisions into the lower ones, and vice versa, is of daily and hourly occurrence, and it is one of the grand requisites in their medical treatment, that these removals should be expeditiously and easily performed.\*

Hence in an establishment for two hundred patients, the following proportion may be assumed for the respective divisions:—

For the first division from ....	10 to 12
For the second division from ....	10 to 12
For the third division from ....	10 to 12
For the fourth division from....	44 to 54
For the fifth division ....	110
<hr/>	
Total	200†
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In this calculation the men and women are taken together; the variation in their relative numbers being too great in different countries for any generally accurate proportion to be fixed. According to the results of the tabular view of the admissions in all the Rhine Provinces in 1824, the proportion of 3-5ths men to 2-5ths women was adopted for the Seigburg establishment, and all the arrangements

\* I believe there are but few asylums in Britain where this active and important system of classification is kept up.

† The fifth division should also contain accommodations for from ten to fifteen patients more than the given number, so that the establishment will thus contain room in all for 215 patients. One reason for this is, that the fifth division should always be prepared to receive any accidental additions from the lower divisions, and another, that the standard number of patients cannot be so rigidly preserved, that it will not sometimes be exceeded by a few individuals.



governed by this average. From the admissions in the first six years, it seemed as if the proportion for the men had been calculated too low, for the number of women scarcely amounted to a third part of the whole. In the last few years, however, the proportion has been gradually approximating to the one at first assumed.

## CHAPTER V.

PARTICULAR DESCRIPTION OF AN ESTABLISHMENT CONSISTING OF SEVERAL QUADRANGLES ARRANGED ACCORDING TO THE PRINCIPLES LAID DOWN. DESCRIPTION OF THE APARTMENTS DEVOTED TO THE THREE INFERIOR CLASSES OF PATIENTS. ENQUIRY INTO THE MOST SUITABLE METHOD OF GUARDING THE WINDOWS IN THEM.

WE now proceed to the consideration of the architectural and other internal arrangements required in each of the five divisions of the establishment, which arise from the preceding conclusions respecting the location of the patients, according to their different states of mind. We shall endeavour, by a minute description of this construction and arrangement, with an accompanying reference to the subjoined outlines of *an establishment projected in conformity with the foregoing principles*, to render our ideas as intelligible as possible to the reader.

*Construction and arrangement of the first division, which is appropriated to patients affected with mania and the forms of insanity allied to it, and who are thence troublesome from their constant shouting, screaming, and making other kinds of noise.*

The principal objects to be aimed at in the arrangements of this division, as indicated by the above symptoms, are the following:

*First*:—The security of the patients from self-injury.

*Second*:—The security of the other patients, and of the attendants of this division, from the wanton abuse and violence of its inmates.

*Third*:—The restriction of the injurious influence which the diseased occupants of this division are capable, by various means, of mutually exercising upon each other.

*Fourth*:—To counteract the propensity of the patients to destroy the buildings, furniture, &c., of their apartments.

*Fifth*:—The maintenance of cleanliness, and the facility of clearing away the dirt and filth created in so many ways in this division.

*Sixth*:—The continual supply of pure air, moderate warmth, and sufficient light; with such a degree of cheerfulness in the apartments as is consistent with the preceding conditions.

*Seventh*:—The ability of affording to every patient in his calmer hours as much room for free exercise, out of his apartment, and as much recreation as are compatible with his state.

*Eighth*:—The constant superintendence and oversight of every single patient.

The objects here stated may be attained by the following arrangements:—

The buildings to be occupied by the lower classes of patients, as it has been previously remarked, are only one story high. All the rooms \* therefore are on the same level throughout, and open into a common wide gallery or ante-chamber. See the plate. (A and B. I. II. III.)

Every patient has a separate apartment, which serves for his sleeping and day-room (*d. d. d.*)

These rooms are eleven feet long, ten feet wide and thirteen feet high. The walls are plastered to the height of six feet from the floor with strong mortar or cement, carefully polished, and then overlaid with a coating of marble-coloured paint to the same height. This makes them so hard as to

\* The number of rooms in this division for each sex will be determined, as has been already stated, by the proportion of male and female patients supposed to exist in the country or province where the establishment is situated.

resist any mischievous violence, whilst their smoothness allows any dirt adhering to them to be easily washed off, and thus they are kept clean without difficulty. The upper part of the walls and the ceiling are white-washed.

The partition-walls between the rooms are a foot and a half thick. The floor is made of strong oak boards, two inches thick, and six inches broad, closely compacted together. They are first saturated with boiling linseed oil, and then covered with brown paint. The floor is made to slope three inches from the opposite side towards the gallery, in order that the water used in washing it may find a quick and easy exit through the door opening into the gallery; and as the linseed oil and paint render the boards impervious, the water speedily dries off after every washing.

The walls are skirted at the base with an oak plinth ten inches high, to protect them from being soiled in the washing of the rooms, and to prevent the water from soaking into them in the frequent wetting. The doors are made of particularly strong oak boards, two inches thick, and are fixed in a strong frame-work of oak, upon hinges sunk to a level with the surface of the wood. They are perfectly smooth, open inwards from the gallery, and are secured on the outside by a German lock, which can only be fastened and unfastened on the outside. By thus fitting closely into the frame without any projection towards the inside, they present to the patient a continuous flat surface, affording no hold by which he can do any mischief, and as they open towards the inside, he cannot burst them open, however furiously he may assail them.\*

\* Roller, *Die Irrenanstalt in allen ihren Beziehungen* page 103, expressly urges that the doors in the divisions for the worst patients, may open towards the galleries. But the reason of this is not clear, as the superiority of the opposite arrangement appears to me unquestionable. As all the furniture in the room is immoveable, the patient has no means of barricading the door, except with his own person, which a couple of able-bodied men on the outside may at any time easily push away.

On the opposite side to the door, is the window for lighting the room, at the distance of nearly nine feet from the floor, and one foot from the ceiling; so that it cannot be reached by the patient. The frame is two feet high and five feet wide, and is hung in the opening, at about the upper third of its height, upon strong bolts passing through iron plates; so that it may be opened by means of a cord fastened to the middle of the upper margin of the frame and running over several pulleys on the ceiling of the room, through an aperture in the opposite wall, where it passes over another pulley into the gallery. The cord ends in a loop, which, when the window is opened so as to assume nearly a horizontal position, is attached to a peg standing out of the wall at a considerable height in the gallery. When the loop is released from the peg, the window closes again by its own weight. The advantages attending this arrangement are easily perceived, as it gives free entrance to the light, and allows a sufficiently frequent renewal of fresh air, at the same time that the window is out of the reach of the patient, and the attendant is enabled to open it without entering the room, and exposing himself to any attack during the process. He must take great care, however, that the part of the cord hanging down in the gallery, never descends so low, that any patient who may be there, may be able to seize hold of it and abuse it. He is furnished, therefore, with a small ladder, to be kept in the implement room, C, for the purpose of attaching the cord to the peg, as well as for other uses which will be explained afterwards.

It is also a great advantage secured by the high position of the windows in these divisions, if the latter, as we assume here, are only one story high, and the windows open into an enclosed court surrounded with sufficiently high walls, that no iron bars, or other securities of the kind are required, as the patient cannot without some extraordinary means, such as are not found in his room, reach the windows, because all



the furniture is immoveably fixed in the floor at a considerable distance from them. Even if he were by chance to find means of climbing up to the window, when it stands open, and spring out, his fall would be very slight, and the walls of the court would form an effectual barrier to his further escape. When the windows, on the contrary, are placed low down, as for instance in the establishment at Rouen, they require to be secured with very strong guards, as may also be seen in the private establishment at Vanves. In the latter instance, the windows are guarded on the outside by strong venetian blinds, and in the inside by wooden shutters, into which when they are closed, a bolt is screwed by a very massive key, so deeply, that it cannot be laid hold of. But by this contrivance, the patients must either be kept in a state of total darkness, or the windows be left without any safe-guard at all.

There are yet three other circumstances to be noticed in connexion with the windows of this division. 1. In order to protect the panes from being broken by any thing which the patient throw at them, such as bread-crusts, shoes, eating and drinking utensils, &c., the windows are guarded in the inside by a strong, but not too dense, wire grate placed before them. 2. Some strong iron pins are fixed round the four sides of the frame on the inside, for the purpose of fixing up a wooden shutter to cover the whole window, in order to completely darken the room, when the condition of the patient requires it; and when the shutter fixed and bolted on the outside, which is very liable to crack and lose its tightness by exposure to the weather, does not answer the purpose.\* 3. The wall below the window is made to slope

\* In the establishment at Sachsenberg, where the rooms for the same class of patients are constructed similarly to those at Siegburg, the darkening of the rooms is effected by a light shutter formed of a thin plate of metal which slides up and down. If the light can be more readily excluded by this contrivance than by the one just described, a more complete description of it would be desirable.

downwards from the inner margin of the frame for the space of about two feet, in order that the light may stream in more freely. The edge where the slope terminates, must be rounded off so as to create no hold by which the patient may climb up to the window.

Here again I feel obliged to remark in contradiction to Roller, page 101 of the same work, that this high position of the windows near the ceiling, if they are of the dimensions which I have assigned them, and are thus proportionate to the size of the rooms to be lighted, does not in any degree, as he there states, render the rooms gloomy and unpleasant; but that they admit as much light and give the rooms an air of as much cheerfulness as can, in this respect, be wished for. The rooms in the establishment at Siegburg sufficiently prove the truth of this remark, as well as the incorrectness of the assertion made by the same writer at page 100, that the wire-guards on the inside of the windows render the rooms gloomy and dark, without affording the intended protection to the windows. They certainly do not *entirely* prevent the panes from being broken, but every one will allow that they *sufficiently* answer that end, when I affirm that in the establishment at Siegburg, not so many as twelve panes of glass have been broken by the violence of the patients, in the rooms of which we are now speaking, during the whole nine years which the institution has existed. On the contrary, the proposition made by Roller, that the windows, for the sake of lightness and cheerfulness, should be placed lower down, and furnished with entire wooden shutters, instead of the grated wire-guards, by which the rooms would be completely darkened, at once shews its inaptitude for the very reasons by which he supports it. "The patients," it is said, "with the exception of those rare cases and short intervals, when it is thought advisable for them to be kept in the dark, may spend the day time in the adjoining galleries and courts, or

in an Authenrieth chamber, or be confined in a refractory chair;" whence it follows that the proposed method of constructing the windows would entirely unfit the rooms for their purposes. Still, these low-reaching windows have been recommended by some authors, amongst whom Esquirol may be named, on another account, and that is, because they might contribute to the facility of the operation, when it is necessary to subdue a violent patient in his room. Whilst some of the attendants were endeavouring to engage his attention at the door, two or three others might enter the room unobserved through the window behind him, and master him without any danger. But when it is considered that even in the larger establishments, scarcely a single instance occurs in the course of many years, in which the necessary coercion of a patient causes any serious embarrassment, or in which a couple of strong, clever-handed attendants are not able, by their own open strength, to enforce all the necessary discipline in a few minutes, it is difficult to know what to say of an arrangement only calculated for occurrences so extremely rare, and attended in every other respect with so many weighty objections. It reminds me of an instrument which, I believe, was first recommended in France for overcoming a patient, who might have broken loose, or have been seized with violent mania whilst at liberty. This instrument consisted of a long staff with an iron head, in the shape of a half-moon, fixed at the end, by which the patient might be thrust against a wall, and held there in a state of utter impotence, until further assistance was procured. But truly a large establishment must be wretchedly provided with attendants, if there are not always several amongst them, who, in bold confidence in their own skill and strength, would not blush to make use of such atrocious instruments by which the patient might so easily be dangerously hurt.

Opposite the larger window, and over the door opening into the gallery, there is also a smaller window about fourteen inches square, which is likewise protected towards the room by a wire-guard, and under the lower margin of which the wall slants away, as under the large window, for a foot and a half, in order that all parts of the room may be overlooked from the gallery; so that when the attendant mounts his ladder for the purpose, he may have a clear view into the room on all sides, undisturbed and unobserved by the patients.\* These little windows, however, serve two other very important purposes. One is that when they are opened, and they always open towards the gallery, they assist in causing a stronger draught of fresh air through the rooms; and the other, that they afford the means of lighting the rooms in the evening, which is done when required, by suspending a lamp behind them in the gallery. The lamp in this position, neither annoys the patient with its glare, nor can he reach it for any mischievous purpose.

On the right side of the room near the door, there is a niche in the wall six feet high, containing a privy, the seat of which is eighteen inches from the floor. The aperture is lined with tin, and grows narrower like a cone towards the lower end, where it terminates in a bricked cavity, eight inches deep and twelve inches broad, with a little door towards the gallery, to which the attendant carries the key. In this cavity is placed a tinned iron vessel fitting closely into it, to receive the excrements of those patients who are

\* The simplest and most convenient means for keeping an eye upon these patients, is afforded by a small perforation in the middle of the door, or by a small hole at each side on a level with the lock, and expanding towards the inside of the room like hollow cones, which may be covered at any time on the outside by small escutcheons. These little apertures are not observed by the patient, and when the eye is approached to them, afford all the advantages of windows or wooden slides in the doors. The latter are still seen to exist here and there, though they have long since been deservedly regarded as altogether objectionable.

so far capable of observing decency as to avail themselves of such a convenience. The attendant can empty it as often as it is necessary, without any interference from the patient, whilst the conical shape of the opening, which should never exceed three inches in diameter at the lower end, prevents the latter from reaching the excrements with his hands, after they are once deposited in the pan. This is a circumstance well known to require great attention in the case of many of these afflicted beings.

The furniture of these rooms consists, on the left side, of a table two feet square, and a bench facing it one foot and a half long and a foot broad, both made of the strongest two-inch oak boards, with the edges everywhere carefully rounded off. On the side next to the wall, they are fixed down by two strong iron bars six inches in length, let into the wood, and furnished at the other end with a pair of strong iron elenches two inches long, fastened into the wall, whilst the massive feet of the table and the foot-board of the bench are fixed into the floor by serews, and thus made immoveable. Close to the wall, on the right hand, and three feet from the wall in which the window is placed, stands the bedstead, formed, if possible, of even stronger oak than the doors and other woodwork of the room. The sideboards are fastened to the head and footboard, as well as to the posts at each corner, by four iron screws deeply sunk into the wood. The massive feet are likewise sunk into strong iron plates which are serewed deeply into the floor, whilst another screw running horizontally, renders it quite impossible for the bedstead to be lifted up. All the edges are also carefully rounded off, to prevent, as much as possible, either accidental or intentional injuries from them. The bottom of the bed consists of strong inch and half boards, which are all inserted one after the other between two ledges, on the lower margin of the sideboards. The last three towards the head are gradually raised one above



the other to the height of twelve inches above the rest. The last and highest of these is fastened in by receiving the bolt of a lock placed on the lower margin of the headboard, so that the patient may not be able to draw them out with a view of converting them into weapons, or for any other sort of abuse; but the attendant who keeps the key may take them out at any time to clean them. It must be further noticed with respect to these, that each of the three central boards has three apertures a foot and a half long and an inch broad, in order that the urine of the dirty patients may flow out and not remain in the bedstead. Each of the side boards has also three openings, two inches long and three lines broad near the upper edge, one in the middle, and one at the distance of a foot from each end; and the head and footboards likewise one each, near the upper margin in the middle, for the passage of the straps, when it is necessary to confine a restless patient to his bed during the night.\* Lastly, it must be observed, that not only the head and footboards are of equal height, but the sideboards also are of the same height through their whole length, so that the bedstead represents a four-cornered chest two feet and a quarter deep all round, which can be shut up in the day-time, by a lid of the same strength and materials as the other parts of the chest, and with the edges likewise rounded off. The attendant keeps the lid in the implement room in the night, and replaces it every morning, that the patient may neither lie down in his bed during the day, nor destroy or dirty the bed-clothes. But in order to prevent the lid from being taken off by the patient, it is not only freed from all projection over the sides of the bedstead, but has also in each corner a round hole four lines in diameter, into which is fitted an iron female screw, corres-

\* Guislain proposes *Die Irrenanstalt in allen ihren Beziehungen*, part 2nd, page 232, that the bedsteads for the maniacal patients should be made of bricks or, *what is still better, of heven stones!*

ponding to a similar one in the upper end of each of the bedposts, into which, when the attendant has placed the cover in the right position, he inserts an iron male screw, by means of a key for the purpose, to such a depth that the patient cannot seize hold of its upper end.

In the same range with the patients' rooms, and at the far end of the division, is a passage (*a*) four feet wide, with a privy at the end of it. This passage is closed by a door of the same construction as those of the patients' rooms, except that it opens towards the gallery. The attendant carries the key to it, and only opens it in general for the purpose of emptying the contents of the chamber privies, or of admitting these patients whom the calls of nature may overtake in the gallery. The window in the privy is constructed like the windows in the patients' rooms, though in proportion to the size of the apartment it is only half the width.

Next to this passage is the attendant's room, (*b*), which is twelve feet wide, being thus two feet wider than the patients' rooms, in order to allow space for a large closet with folding doors, for keeping the patients' clothes, the necessary changes of linen, instruments of confinement, medicines, and other articles. The floor, window, and door, are like those of the patients' rooms, only that the door opens from within outwards, to prevent the possibility of any patient in the gallery seizing an opportunity to force it open.

In the centre of the range of the patients' rooms, six of which in each division for both sexes is the number here assumed,\* is the apartment (*c*) appropriated to the apparatus for warming this part of the establishment. This apartment is of the same size as the patients' rooms, and contains a stove like those which will be more minutely

\* The consecutive order of the rooms in each division is as follows, viz. the privy, the attendants' rooms, three patients' rooms, the warming apartment, and again three patients' rooms; as may be seen in the outlines.

described afterwards, for warming by means of heated air. The pipes conveying the hot air rise out from the right and left sides of the stove cover, and traversing the wall which separates the gallery from the rooms, at the height of one foot above the windows over the doors, send off branches into each of the rooms. Every branch-pipe is furnished at its termination with a valve, to which is attached a cord that hangs down in the gallery, and is fastened near the window-cord before-mentioned. By means of this cord, the valve may be raised or lowered, so as to entirely interrupt the stream of hot air, or admit it as it is wanted.

The apartment containing the stove is also used for keeping the daily supply of fuel, the ladders, buckets, brushes, and other implements wanted by the attendants. Besides these, it also contains a stone water-trough two feet square, over which is introduced a pipe furnished with a stop-cock, for supplying this division with the necessary quantity of water used in it. By the wall on the left side of the same room, that is, on the side opposite to the stove, is a wooden frame with six rails one above the other, for drying the bed-clothes dirtied by the patients of this division, after they have been washed. The floor of this room is laid with flags or bricks; the window is like those in the patients' rooms, and the door like that of the attendant's room.

In front of this range of rooms, corresponding with its length, and twenty feet wide,\* extends the gallery. (*e.*) This great width is required, because very few of the patients in general, are obliged to be confined to their rooms; and it is necessary to give them the opportunity of taking exercise in a spacious apartment, even if their hands

\* It will be more easily understood from the drawing than the description, that each gallery will be shorter than the whole length of the side of the quadrangle, which is one hundred and twenty feet, by the breadth of one gallery and the length of one room. These added together make thirty-five feet, so that the length of each gallery will be eighty-five feet.

and feet are partially confined. The gallery is well lighted by six windows of the same size, position, and construction, as those in the rooms. The floor is likewise boarded in the same manner, and slopes in an equal proportion lengthwise, in order to allow the water used in washing it and the rooms to run off to the lower end, where an iron grate is fitted into an aperture in the wall, and the water passes through it into a pipe which carries it away underground.

The gallery has two doors forming the means of communication with the adjoining divisions. Both the doors are double, with an intervening space as great as the thickness of the wall, which is eighteen inches, will allow, and of the same strength as the doors in the patients' rooms. The purpose of their being double is to intercept the transmission of the sound, and this object is further promoted by their being lined on the side towards the intervening space with hay-matresses six inches thick. Close to the partition-wall separating this division from the next, and at the side of the above-mentioned doors by which the two divisions communicate, is another heating apparatus (*e*.) for warming this and the adjoining gallery, and which is only accessible through a distinct iron door, kept constantly locked by the attendant. This will be more fully described afterwards; but in the mean time, as the walls which form the mantle of the stove, and serve for warming the gallery, are liable to become very hot, we ought to state, that they must be guarded on both sides by a frame of wooden spars, four feet long and four inches thick, placed at the distance of two inches asunder. The lower end of these spars is fixed into a beam sunk into the floor at the distance of two feet and a half from the wall of the stove-mantle, whence ascending in a slanting direction, they are fixed at the upper end into the wall itself, and held firmly there by a strong iron bar which connects them together. Their purpose is to prevent the patients from laying their hands on the hot walls, or

leaning against them; whilst the sloping direction of the spars makes it impossible for any one to climb up them, in order to reach the upper parts of the stove-mantle.

In conclusion, I have to remark that the walls of this ante-chamber or gallery are covered with cement, and then painted to the same height as the rooms; and that all the wood-work of the doors, windows, skirting boards, and stove rails, is painted grey. There is no furniture in the gallery, except an oak table eight feet long, and two feet and a half wide, made of uncommonly strong and heavy materials, with a bench eight feet long, and one foot and a half broad, likewise of an exceedingly solid make, placed near each of its long sides. Both the table and their benches are held firmly in their places by strong iron pins screwed into the floor, and entering to the height of six inches into their feet, whilst a screw running horizontally through these pins, makes the whole an immoveable fixture.

The *first* division which we have been hitherto describing, occupies the northern side of the men's as well as of the women's quadrangle, as being the most remote from the other parts of the establishment, and therefore the least likely to disturb the patients in the other parts, with the cries and shouts of its inhabitants.

The *second* division occupies the east side of the men's, and the west side of the women's quadrangle, and is appropriated to those maniacs and other patients, whose high state of excitement, or whose mischievousness, renders them dangerous, but who are not noisy. The size and entire arrangement of this division agree with those of the first. The only difference existing between them is, that this division has an additional double door (*a*) at the north end, (*N*), which will shortly be described.

The *third* division, which is appropriated to patients in a state of imbecility, and those who are, in a still greater degree, dirty in their habits, occupies the south side of the



quadrangle, and corresponds in its arrangement with the first and second divisions, except that it has also a double door situated in the centre of the range of windows, and leading to the court (*k*.)

At that part of the quadrangle where its fourth side borders on the fourth division, the assistant of the male upper attendant has his dwelling in the men's department, and the assistant of the female upper attendant her's, in the women's department (*ff*.) These are connected on the one side with the men's bathing establishment, (*g*,) and on the other, with the women's bathing-house, both which will be more fully noticed afterwards. These bath-rooms open into the halls (*e. e*.) from which are entered the Wash-house (*G*.) and the connecting passage (*F*.) communicating with the domestic buildings. The double door, (*l*) also opens into the same apartments from the third division, and by means of it, all the three lower divisions have their regular communication with the other parts of the establishment.

To these divisions, in the description of which I have intentionally proceeded with so much minuteness, because such an arrangement as shall fully answer all the requirements of the department for the worst patients, is an object of the greatest importance to every establishment of this kind, are attached the court (*K*) enclosed by the quadrangle, and the grass-plot (*N*.) on the north side of the quadrangle. For as the ranges of the rooms on all sides of these quadrangles, were obliged to be on the external side, and the width of the galleries lying towards the courts could not be reduced below the considerable dimensions which I have assigned to them, it became impossible to devote more space to the courts (*K*.) than the very moderate area of sixty feet square; so that this alone was insufficient to give the patients lodged in all the three divisions the necessary opportunity of taking bodily exercise in the open air. This inner court was therefore reserved for the exclusive use of

the imbecile and demented patients of the third division, and the outer court (N,) on the north side of the quadrangle, and 120 feet square, was devoted to the maniacal patients of the first and second divisions. From this court, which is surrounded with smooth walls ten feet high, the patients can neither escape, nor can they be observed from without; whilst their shouts and cries are not able to penetrate from hence, in any considerable degree, to the other parts of the establishment.

As for the rest, this court presents the appearance of a grass-plot, the centre of which is planted with a number of tall trees, whose trunks are surrounded with a trellised guard, in order to prevent the bark from being injured. The clump is encircled by a firm gravel walk eight feet wide, and somewhat arched in the middle, to keep it dry at all seasons of the year. Several strong and immovable benches are also placed in different parts of the court for the patients to rest upon, and at the east end stands a covered summer-house open on one side, with strong and immovable resting benches, likewise ranged round the walls in the interior. Particular care is taken to keep the whole court perfectly free from pebbles, and every thing by which the patients might indulge their mischievous or destructive propensities.

After the description which we have now given of the construction and arrangement of the apartments devoted to the worst patients, especially such as are addicted to violent habits, we need scarcely anticipate being asked whether the establishment contains any of the so called Authenrieth-chambers. As however the question has been addressed to me even by physicians, after I have accompanied them through the Institution, and as many writers on lunatic establishments regard the Authenrieth palisado-chambers, as an indispensable provision in the appropriate arrangement of them, it may not be superfluous to remind the reader, that rooms of this sort ought never to be considered in any other

light, than as casual expedients to be be resorted to only in those cases, where circumstances do not allow a more appropriate arrangement to be adopted. This happens, amongst other cases, in those houses which, not being originally intended for the reception of maniacal patients, are not therefore provided with suitable accommodations, but in which these are obliged to be detained either for a longer or shorter time, as in many of the older buildings for the insane. The same alternative must also be resorted to, when it is necessary to detain maniacal individuals in their own houses till their further destination is determined. For as there are few rooms in any house which may not be converted into palisado-chambers, these constitute an excellent auxiliary in such emergencies, which it would otherwise be almost impossible to obtain, at least in which an equal regard would be shown to the welfare of the patient, and the security of those about him. Still, in the erection of a new establishment, to leave the existing rooms to be fitted up as occasion may arise, according to the directions of Authenrieth, for the reception of maniacal patients, instead of originally constructing them in such a manner as shall at once supersede a resource which is adapted only for sudden emergencies, and shall combine many advantages not possessed by the Authenrieth chambers, can only be looked upon as directly contrary to reason. Besides this, a great disadvantage attending the Authenrieth chambers, is the large quantity of wood employed in fitting them up; as this material is particularly calculated to absorb and retain the odour of the excrements and perspiration,—a disagreeable circumstance which is increased, in this instance, by the form of the night-stool. Perhaps no establishment in the world proves, in a more convincing manner, how very much a large quantity of wood employed in building the dwellings of lunatics contributes, in creating an inextinguishable mephitic, than the Safety-House at Zwiefalten, where this

material has been used in excess, and where consequently, the pretended specific odour of lunatics is more strikingly perceptible than in any other establishment.

For the same reason, another arrangement which has been adopted in various places, especially in the French establishments, is equally objectionable. This plan has again been recently recommended by Roller, page 105 of the work before alluded to, and consists in lining the walls of the maniacal patients' cells with closely compacted oak boards, covered with plaister of Paris or oil paint, for the purpose of preventing the disagreeable smell, and the diffusion of the sound. Both the disadvantages, however, to be avoided, are favoured by this means to the utmost possible extent; as well because the scent of the perspiration and excrements, with the last of which almost every part of the room becomes more or less soiled, is indelibly contracted by the wooden walls, as because the patient always finds in these a ready means of raising such an excessive uproar by knocking and stamping with his feet, that, together with his shouts and vociferations, reverberates from this sounding chest to an enormous distance.

Equally unfavourable, in regard to the preservation of cleanliness, is the proposition which has been frequently acted upon, and considered extremely humane and appropriate, to clothe the floor and walls of the cells appointed for the same class of patients with stuffed mattresses. For unless the mattresses be changed at least once a week, how insufferable a mephitic must be engendered in the rooms of such dirty patients! And how in a public establishment, or indeed anywhere else, except in the case of a single lunatic of princely rank, would this weekly change be possible? Meanwhile, we may safely say, that such provisions are entirely uncalled for, as for those rare cases (which have not amounted, according to my observations in this establishment for the last nine years, to more than three, out of

six hundred patients) where maniacal patients endeavour to smash their heads against the walls. a suitable mode of treatment is to restrict them in the use of their limbs by a strait waistcoat, and to protect the head by a stuffed cap; or to place the patient in a refractory chair in the day time, leading him about at intervals; and to strap him down in an easy manner to his bed during the night.



## CHAPTER VI.

DESCRIPTION OF THE FOURTH DIVISION. WINDOW-GUARDS. DOOR-LOCKS. ON THE COLOURING OF THE ROOMS. THE FURNITURE. IRON BED-STEADS.

WE now proceed to describe the arrangements of the fourth division.

Here we have no longer to contend with any appalling and boisterous indications of mania, no longer to obviate the reckless neglect of decency and cleanliness, and no longer to teach the common offices of nature to the highest stages of dementia, or withdraw them from the public observation. Here then we have no longer any need of those provisions which chiefly characterize the arrangements of the three first divisions. Still our concern is yet with patients whose mental derangement is manifested in a great variety of forms, which operate upon the minds of the others in a highly prejudicial manner; and who not being able to repress these indications of their insanity, are therefore so far from being fit for the enjoyment of a greater degree of freedom, and the company of many other persons, that they require on the contrary even a great degree of restraint, and a continued watchful oversight of their actions, in order to their own security, to the prevention of their injurious influence upon others, and to the maintenance of order in the house.

The arrangements of the *fourth* division, then, are adapted to this intermediate state, between the unrestrained manifestation of the highest degrees of mental derangement, and a partially retained, or already returning, higher degree of self-possession and self-command.

This division occupies the principal part of the ground floor of the main building in the men's, as well as in the women's department, and requires accommodations for from twenty to twenty-five or thirty patients, and from four to seven attendants of each sex, according as the one or the other may preponderate in numbers.\* About a fourth part of these patients will require separate lodging and day rooms, partly on account of their state of mind, and partly on account of their rank. The remainder sleep, and spend the day, in companies of three or four together in common rooms, under the oversight of a male or female attendant. The rooms are eleven feet high, and sixteen feet long throughout; the breadth of those for a single patient and a single attendant, both lodging-rooms and day-rooms, which are all separate in this as well as in the fifth division, is ten or eleven feet. The breadth of the common lodging and day-rooms varies, according to the number of persons occupying them, from fourteen to sixteen feet.

The company united in these common rooms is selected from those patients, who are the least likely to be mutually troublesome, or to exercise any injurious influence upon each other. Similarity in the form of their insanity is thus by no means the exclusive rule of their association, except that care is taken to keep those who are very much depressed in their spirits, as much as possible in a distinct part of the division, where they may be more safely guarded, and the least exposed to any wilful or unintentional annoyance from the others. The windows in the rooms, as well as in the galleries, are four feet wide, and four feet and a half high; and though they are placed lower in the wall than those in the first three divisions, yet the window-sill should not be less than six feet from the floor, both in order to cut off the view of the patients in the fifth division from the windows of

\* This statement includes those patients of the higher classes who have their own attendants.

their rooms and galleries, as well as from their courts into these rooms; and in order that the patients of the fourth division may not be kept in a state of continual excitement, by observing what is passing in them. The patients are prevented from approaching to the windows, by the wall being made to slope away from the lower margin of the window-frame, down to the plinth on the floor, as much as the internal thickness of the wall will permit; so that even if a patient should place a chair or a table close to the plinth and mount upon it, he still remains nearly as far from the window, as the whole internal thickness of the wall, which at Siegburg is nearly two feet; and thus his trouble avails him but little. In other respects these windows are constructed in a similar manner to those in the first three divisions. It is not however necessary that the opening and shutting of the windows should be effected in the same manner, in this division, as in the former ones. Indeed the same provisions would be here inconvenient, as the furniture which is here not stationary but moveable, would be constantly used by the patients, for the purpose of reaching and improperly using the cord. The following arrangement has therefore been introduced. To the lower margin of the window-frame is attached an iron bar one inch broad, an eighth of an inch thick, and two feet long, to correspond with the breadth of the window-sill on which it rests with its free end directed inwards, and furnished with a small projecting tooth. This bar is pushed out by means of a round, thin, iron rod kept by the attendant, and the window thus opened to the extent of two feet, in which position it is retained by inserting the tooth at the end of the flat iron bar, into a hollow in the external margin of the window-sill. The window is again closed by the attendant raising this tooth by means of his rod out of the hollow in which it rests.

These windows are likewise protected internally by wire-guards; not however, as in the first three divisions, fixed to

the window-frame itself; but stretched across a distinct frame, which is made very strong and firm, and still more fortified by means of cross pins. This frame is fixed in a sloping direction, into the sides of the recess of the window, by strong iron holdfasts let deeply into the wall, in such a manner, that whilst its upper edge is about a foot and a half distant from the upper margin of the window-frame, its lower edge is contiguous to the lower edge of the window-sill. Its upward direction is thus exactly contrary to the upward direction of the wall under the window, which was necessary in order to allow the window when opened to be placed in nearly a horizontal position. Some such arrangement as this was indispensable; for as the windows in this division are placed lower in the wall, the wire-guards are not only required to protect the panes from wilful injury, but also to prevent the patients from escaping through the windows. The wire of which these guards are made should be sufficiently strong, but the meshes of the wire-net should not be so small as to create any sensible diminution of the light in the rooms. In this division then, where no maniacal patients are admitted, if these frames are of good workmanship and properly fitted up, they are fully competent, as my experience of nine years in the Siegburg establishment testifies, to answer their intended purpose. For although in the first few years several cases occurred in which patients endeavoured to make their escape, by tearing away the wire-work, or by breaking down the frame, and two did really succeed in springing through the window, though without sustaining any hurt from its low position, yet latterly since the frames have been more firmly secured and the cross-pins introduced, no similar occurrence has taken place.\*

The doors are precisely of the same strength, and formation in other respects as those in the first three divisions;

\* In the description of the fifth division an arrangement for the windows will be noticed, which might perhaps be more applicable for this division also.

at least with the only difference that besides the German lock fixed on the outside for the purpose of fastening the door, they have also a second lock called a snap-lock, which is turned by a slider furnished with a knob at the end. This snap-lock is in general placed on all the doors of those rooms in which several patients are collected, who enjoy the privilege of free ingress and egress; whilst the German lock is used for completely fastening the doors of those rooms where the patients are to be fully confined, as well as for securing the bed-room doors during the day-time.

Instead of being opened by the sliders, many of the locks are turned by a peculiar species of short key, somewhat resembling a tuning key, the aperture in the pipe being triangular or quadrangular, and immediately grasping the pin of the lock which is likewise three or four cornered.\* Similar keys are also used for opening all the doors of the galleries, which are not regularly kept fastened with the principal lock, and all the attendants and officers of these divisions are furnished with them, in order that they may thus quickly and indiscriminately pass through all the doors, which are only fastened in this slight manner.

The floor and plinths are also formed in the same way as those in the first three divisions, except that the former, from not needing to be washed so frequently, has a less inclination towards the doors and galleries, scarcely amounting to an inch and a half. The walls and ceiling are here only covered in the usual manner with mortar, and white-washed above; whilst the lower part from the floor upwards to the height of five feet, in all the rooms, is coated with such a mixture of black and white paint as forms a grey marble

\* The aperture may be quadrangular for the doors in the men's department of the establishment, and triangular for those in the women's, in order that the attendants and servants may not misapply these keys, which are in some degree, a kind of picklock to the doors for which they serve, for the purpose of gaining access to the galleries and rooms of the division belonging to the other sex.



colour. This colour is chosen because it renders the soils, and scribbling, and daubing on the walls less visible, and holds out less inducement to the patients to indulge in such practices. In the rooms for the higher classes of patients, the walls are marbled up to the surbase, and above that, are painted of an agreeable, but not glaring, self-colour.

It has been proposed to paint these rooms of a colour which shall vary in every case, with the characters of insanity. For instance at Rouen, according to Kramer Die Irrenanstalt &c., page 122, every cell according to the adapted classification of the insane, should be painted of a colour suitable to the general character of the patients. To say nothing of the obscurity in which the meaning of the terms "suitable" and "character" are involved, still I can only refer this proposition, together with that of painting certain rooms of the most glaring red, yellow and black, in a zigzag imitation of lightning to excite terror and amazement, to the wild puerilities of those theorists in regard to mental disease, with whom the first twenty years of this century so abounded, and most of whose proposals are as impracticable as they are useless. For example, in a large establishment where the number and variety of patients is so great, whose fluctuating condition requires them to be removed, first into this division, and then into that, they must in very many instances be placed in rooms whose colours would be entirely opposed to the views of these theorists; and if the minds of the insane were influenced in so decided a manner by changes of hue as is here assumed, disadvantages of the most serious nature would be to be apprehended.

The warming of the rooms of this division in winter, is likewise effected by means of heated air; the mode of doing which will be particularly described afterwards in a chapter allotted to that subject. The stove-rooms opening into the galleries are secured by iron doors, which are in general kept locked, and only opened for the moment when business

calls the attendant into the room. It must also be noticed here, that one of the stove-rooms of this division contains provisions for warming water for tea, foot-baths, the preparation of poultices &c.

The gallery extending along the front of the rooms has a breadth of sixteen feet, and is lighted by a range of windows corresponding in number and formation with those of the rooms.

The floor is paved with broad slabs of the marble usually employed for that purpose, as a wooden floor would not be safe here on account of the method of warming in use.

At the entrance into this gallery is situated a double door, (*l*), as in the former divisions. This door is wide enough to allow free ingress and exit to two or three persons at once, and proportionately high; it is frequently necessary in these divisions for several attendants to remove refractory patients in and out by force, and if the doors are too narrow, they are a great obstacle in transactions of this nature.

At the end of the gallery opposite to the door (*l*) just alluded to, as well as opposite to the door (*m*) leading into the fifth division, a washing-stand is placed for the use of the patients. It takes up the whole breadth of the gallery, and is let so far into the wall, both at the back side and at each end, that it cannot be wrenched from its place. A strong ledge three inches high runs along its upper margin in front, and the water used in washing makes its escape through a hole in the centre of the stand, covered with a metal plate bored like a colander, and forming the commencement of a pipe three inches in diameter, which is directed downwards, and carries the water off to the outside. The water required for washing, as well as for scouring the rooms and galleries of this division, is supplied by a pipe springing out of the wall above the stand, and furnished with a stop-cock, which may be fastened by a key.

Before arriving at the washing-stand, a door on the same side of the gallery with the rooms leads into the apartment containing the privy, and where the attendant, in a separate closet, keeps the brushes, pails, and other implements wanted in his service. Near this apartment is the passage (*n*,) leading to the door through which the patients of this division arrive at the court devoted to them, (*O*.) This court has a similar appearance to the courts, (*N. N.*) belonging to the two first divisions, and only differs from them in being larger.

At the end of this division, where it is connected with the fifth division, is another double door, (*m*,) which is only used in general for the passage of the officers and physicians, being on other occasions kept constantly locked. Both the doors are also lined with hay-mattresses, to intercept the transmission of the sound.

The first mentioned principal door (*l*,) leads to the outside through the medium of the gallery (*i*,) and, by traversing the latter, to the domestic buildings, kitchens, baths, &c.

As to the furniture in the rooms of this division, it is distinguished from that in the first three divisions, on the one hand by not being fixed to its particular station, but by being moveable, and on the other, by the difference of its workmanship in other respects. In the lodging-rooms, the bed-steads are made of bars of wrought iron. The principal points aimed at in their construction, are to give the patient's head a somewhat raised position, independantly of the pillow, and to hinder the bed-clothes from falling so easily over the sides; a circumstance which so frequently attends iron bed-steads. It will always remain a defect, however, in these bed-steads, that the patient cannot lie so warm and comfortably wrapt up in them as in bed-steads of wood. Tall persons are also apt to protrude their feet through the bars at the foot of the bed-stead; but when this happens, a board must be placed before the foot boards to prevent its

recurrence. On the whole, however, these bed-steads have proved exceedingly suitable in this establishment; and though an apprehension has been now and then expressed, that the web-girths forming the bottoms might give rise to the breeding of bugs, yet hitherto this appears to have been unfounded, as we have never been plagued in this institution with any such vermin.\* In most public establishments where iron bed-steads have been introduced, they have been made incomparably heavier, (those at Rouen not weighing less than 125 lbs), and in part of cast iron. Except in the rooms devoted to the maniacal patients, where they ought to be more solid, the first of these properties renders them unnecessarily difficult to move, and at the same time more expensive, whilst the second cannot on any account be approved of; because when these bed-steads are made of cast-iron, they are more easily broken and destroyed than when made of wood; and once injured, they can never be repaired. In the establishment at Wakefield, wooden troughs or coffers are placed in the iron bed-steads, for the purpose of receiving the mattresses. But it is plain that by this contrivance, the advantages proposed in the choice of iron bed-steads, are for the most part sacrificed.

The bed-steads in these smaller lodging-rooms, holding not more than four beds at the most, are generally ranged along the walls, always being placed so as to leave an interval of at least three feet between every two beds. The attendant's bed is separated from the rest, and stands in a small railed-off apartment, where according to circumstances, even a patient may sleep who requires to be more closely watched on account of his violence, or for other reasons; and then the attendant's bed stands between the patients'

\* The web-girths may very properly be sustained by cross bands of iron, which possess the advantage of greater durability. And that bed-steads entirely of iron, that is, without the web-girths, should, as has been affirmed, favour the nidification of bugs, appears quite incredible.

beds. The railing is formed of oak spars nine feet high, three inches in diameter, and standing at the distance of two inches asunder. The rails are firmly bound together near both ends, by broader oak spars running horizontally, and embracing the upright spars in tight-fitting apertures through which they pass. Every one of these railings has two sides, the shorter of which corresponds to the end of the bedstead, and the longer to its side. The two sides are at right angles with each other, leaving a space of two feet between themselves and the sides of the bed, and constitute with the two sides of the corner of the room, in which the bed stands, a completely distinct apartment, only accessible through a door of similar workmanship with the railing. The ends of the railing are fixed to the walls of the room by strong iron holdfasts, the whole thus forming a safe enclosure, in which the attendant may shut himself up, and sleep secure from any mischievous assaults, or other disturbance from the patients.

In all the rooms where it can be conveniently done, spacious closets are fixed against the walls, for keeping the clothes belonging to the patients and attendants, and other articles in their possession, or used by them. But where convenience is wanting for these closets, or where they are not sufficient, every patient and attendant is supplied with a small wardrobe two feet and three quarters high, and two feet and a half long, and one foot and three quarters wide, made of deal and divided into two equal compartments, by a horizontal wooden shelf, and closed by a door, the key of which is kept by the attendants. These wardrobes are painted brown on the outside, and serve also in the bed rooms instead of tables. The washing vessels, drinking cups, and water-pitchers are placed upon them, and the towels spread over them. They are placed by the wall in the intervals between the beds. In front of every bed stands a tabouret or stool without back or arms, made very solid of



deal, and likewise painted brown. A night vessel of tinned iron is placed under every bed, and each corner of these rooms, as of all the other rooms and galleries, is furnished with an oak spitting box, filled with white sand. The windows are furnished with blinds of strong and thick green linen, suspended from an iron rod which rests upon strong iron hooks bent backwards, so that the curtains may not be dragged down when they are adjusted below.

The day-rooms of this division, occupied by several patients, that is by from three to five with their attendant; are furnished with a table five feet long and three feet broad, made of strong two inch boards, and resting upon proportionably strong feet, whose solidity is further increased by a foot-board binding them together. Near each of its longer sides is placed a bench eighteen inches wide, and corresponding to the length of the table, and of similarly strong workmanship. In addition, there is in each day-room a closet of the same kind as those in the bed-rooms, where the table-cloth and table-service are kept, the drinking cups, articles for handy-work, the books entrusted to the patients, &c. The windows of these rooms are likewise hung with curtains of the same materials and make as the curtains in the bed rooms.

The method of lighting the rooms and galleries, will be particularly described afterwards.

## CHAPTER VII.

DESCRIPTION OF THE FIFTH DIVISION. PROPOSED METHODS OF GUARDING THE WINDOWS. ON THE CONSTRUCTION OF THE STAIR-CASES. ARRANGEMENTS OF THE COMMON DAY-ROOMS AND LODGING-ROOMS FOR PATIENTS OF THE LOWER CLASSES. OBJECTIONS AGAINST THE USE OF LARGE SLEEPING APARTMENTS REMOVED. ARRANGEMENT OF THE ROOMS FOR PATIENTS OF THE HIGHER CLASSES. COURTS. ON THE ARRANGEMENT OF THESE IN THE RECENT FRENCH ESTABLISHMENT. GARDENS. HALLS FOR GENERAL BODILY EXERCISE AND RECREATION. OF THE CELLARS.

ALL those patients who require to be more strictly confined, and more closely superintended, being provided for in the four divisions which we have been hitherto describing,—

The *fifth* division receives all those patients who may be entrusted with the enjoyment of a greater degree of freedom; and all the internal arrangements for this division, are conducted with a reference to this circumstance.

The rooms belonging to it embrace the whole of the ground floor, not comprised by the fourth division, and the whole of the upper story.

In the lower story, the base of the window is three feet and a half from the floor. The windows are four feet wide, and seven feet high; the panes are eight inches broad, and twelve inches high. No particular method of guarding the windows is here employed. But in the upper story, where the windows are constructed in the same manner, except that their height is diminished six inches, they are guarded on the outside to the height of three feet and a half, by a grate fixed in the wall, and consisting of iron bars three

quarters of an inch broad, and half an inch thick. The spaces between the bars exactly correspond to the size of the glass panes; so that the wooden frames of these conceal the former, and when the window is shut, hide them entirely from view. This precaution is merely intended to obviate very possible accidents through the inadvertency of the patients, who might thoughtlessly sit on the window-sill, or lean too far out of the window; in which position, unless some security of the kind were present, they would occasion constant anxiety lest they should fall out. That this grate cannot be intended as a prevention to the patients precipitating themselves wilfully out of the window, is obvious from the size of the interstices, which are large enough to allow a full grown person to creep through them. Precautions against actions of this sort are superfluous, with regard to the patients living here, as none are introduced into this division from whom such misconduct is to be suspected. Those on whose account apprehensions to this effect are entertained, must be at once removed into one of the lower divisions. Still, in order to be entirely on the safe side, in every case admitting of any doubt, the arrangement has been adopted in all the rooms containing two windows, that only one of them is capable of being opened, and no iron bars are then placed behind it. The other, though apparently consisting of two sashes, is in reality of one piece with the frame. The bolt of the opening window is furnished with a lock, so that the attendant who has the key to it, may fasten the window in order to prevent the patients from opening it at their pleasure; and the power is thus acquired of keeping a stricter guard by day, as well as by night, over all such patients as may have given cause for any suspicion, but not sufficient to warrant their removal to a lower division. The upper part of the window is no where made so as to be opened. The frame is made of sufficiently strong oak, and the panes of strong white glass. One of the panes in

the highest range is replaced by a ventilator; which, in the rooms containing more than one window, is placed on that which cannot be opened.

I cannot omit this opportunity of adverting to a proposition which has been repeatedly made and carried into effect, to substitute iron instead of wood, as the material for the window-frames in lunatic establishments. Iron has been recommended chiefly on two accounts; on the one hand, from its greater durability and power of resistance against violent assaults; and on the other from its seeming to possess the advantage of serving as a window-guard without, in that capacity conferring a prison-like appearance on the house. But it will be found, on examining the arrangements which I have described; that so far as the grounds above adduced are concerned, they completely supersede the necessity and usefulness of iron window-frames; since the windows in the three lower divisions are sufficiently protected by their lofty position, and in the fourth division by the wire-guards on the inside; whilst in the fifth division, no patients are regularly admitted, whose state renders it needful to recur to these precautions; and for the few doubtful cases that may now and then occur, the provisions which have been described are certainly effective.

On the other hand, many inconveniences accompany iron window-frames, which would be seriously felt in their employment; whilst at the same time, the intended security is by no means obtained to the extent that has been boasted. For in the *first* place, as the frames are generally made of cast-iron, on account of the price, they are not less subject to violent breakage than frames made of strong oak wood; and in winter, the panes are very liable to be cracked by the iron frame-work varying its dimensions with the changes of the weather. *Secondly*. For the same reason, it is almost impossible to fit the sashes so tightly into the frames, that sufficient space will not be left between the joints for the

penetration of the wind and rain. *Thirdly.* Iron, even when covered with a stout coating of paint or varnish, is liable to rust, and become loose from the insinuation of wet, at those parts where the paint or varnish is easily abraded or peels off, as is the case at all the edges where the sashes rest against the frames. The consequence of this is, that in wet weather, an unsightly stream of rust-coloured water runs down, which congeals in winter, and fixes the sash and frame fast together. *Fourthly.* The small size of the panes, which cannot exceed eight inches square at most, darkens the rooms to a serious extent. *Fifthly.* In the *last* place, it is self-evident that where these windows are intended to supersede the iron grates, they must be furnished with locks, and fastened in the same way as wooden ones; but as soon as they are opened no grating is left, and it is clear that there is then less security than in the arrangement I have recommended, in which there is a grate behind the window, concealed by the frame-work of the panes.

Though the second and last mentioned objections certainly do apply in some degree, to the horizontal windows used in Great Britain, yet it is to a less extent than is the case with these prevalent in Germany, which open perpendicularly. The joints of the latter, however, are somewhat more protected from the weather by the projecting part of the window-frame; and the windows are so contrived as only to move up and down for the space of about eight or ten inches, which is too small for a person to squeeze himself through. Still this arrangement quite destroys the possibility of adequately airing the rooms, and all the other objections remain in full force.

A species of these horizontal windows, however, has been brought into England, within the last few years, which allows the room to be aired in a most satisfactory manner. This consists of two frames of exactly similar form and size, *closely applied to each other.* The inner one which is made



of wood is glazed and moveable, and may be lowered in its whole breadth, so that the window may be opened for a third part of its height, whilst the outer frame being unglazed and immoveable, still represents the form of the window and serves the purpose of a grate, the size of the panes being six inches in breadth, and ten inches in height. If the inner side of the glass window were at the same time protected by a wire guard, this species of window might answer for the fourth division of the establishment here described.

The doors in this division, though possessed of considerable strength, do not differ in form from usual room doors. Neither have the French locks, which are opened in the interior, and on the outside, by means of the usual brass handle, and are fastened by a bolt taking a double turn, any other peculiarity except in not being furnished with the customary night-bolt, as it might easily be abused by the patients for fastening the door. This cannot be practiced with the double-turning bolt, as the key to it is constantly in the possession of the attendants.\*

The stairs leading from the first to the second story are well lighted, six feet wide, of easy ascent, with a landing

\* A great deal of unnecessary and irrelevant matter has also been written concerning the locks to the room doors in Lunatic Asylums; the authors desiring that they should be strong, and at the same time have their strength concealed, so that the feelings of the patients may not be hurt, by seeing these provisions for their safe keeping. But in those establishments where the patients are duly separated from one another, according to their different states of mind, it is not of the slightest moment, if a maniac or any other patient disposed to acts of violence, do discover that the door which he wishes to burst open is duly secured by a strong lock on the outside. In those divisions which are inhabited by patients in an intermediate state, these have the less occasion to be annoyed by such means for close confinement, as they only come into operation in extraordinary cases, and the doors are generally opened and shut by means of the slight secondary locks just described. Lastly, in the higher divisions there is no need for any further security than the common English locks, as they are termed, though without the night bolt.

place at every turn, and guarded by sufficiently high ballustrades. The lobbies of the stairs leading from the second story to the attics are closed by locked doors.

In the recent English Lunatic Asylums, it has become a prevalent custom to erect tolerably broad winding stair-cases, lighted from above by means of a glass cupola, and from the landing places of which all the galleries branching off from them, and many other portions of the building, even some part of the courts may be surveyed, and much importance has been attached to the utility of this oversight, in connection with the superintendence of the patients and servants. But it must be remembered that this arrangement secures the above mentioned advantage in such institutions, only at the expense of a much greater one, that is of the due separation of the patients into such classes as their various states require, and of a division of the establishment into several distinct departments, to correspond with this classification. With the last of these arrangements it is clear that the exposure of all parts of the establishment to the rapid survey alluded to, as well as the general accessibility of the stair-case are quite inconsistent. But independently of this, the stair-case which I have described, simple and sufficiently wide, with one or two landing places, and right-angled turns, well lighted and easily ascended, is more suitable for a lunatic establishment, than a winding stair-case, unless the latter be of extraordinary breadth, and therefore also exceedingly expensive. Another great defect in the recent English establishments, is the small number of stair-cases with which they are provided. The large establishment at Wakefield, for instance has only one flight of stairs for each of the two principal divisions of the building; and in like manner the establishment at Hanwell, erected for seven hundred patients, possesses no more than a single stair-case, in each of the three principal divisions into which the enormous edifice is parted. This must be necessarily attend-

ed with great inconveniences and disadvantages, as well as great imperfection in the due separation of the patients.

The galleries are of the same width as in the fourth division, those on the ground floor being paved with flags, and those upstairs with strong oak boards, which are also saturated with hot oil, and then painted as in the rooms of the divisions that have been earlier described. At the ends of the galleries washing-stands are placed, similar to those noticed in the description of the fourth division. With respect to these, it must be noticed that the floor underneath them, and to the extent of eight feet in front is covered with tin, or a strong metal plate, and then painted, in order to prevent the decay of the wood, otherwise so readily produced by the frequent wetting of these parts.

At the point where the fourth and fifth divisions border upon each other, and also at the opposite end of the quadrangle, are doors on the same side with the rooms in the upper and lower story, leading to the apartments (*d. d.*) in which the privies are situated, and where the attendants have a separate closet partitioned off, for keeping the different utensils used in cleaning the rooms, galleries, windows, clothes, shoes, &c., and various other articles.

As for the day-rooms and sleeping-rooms, all the day-rooms for the patients of the lower classes are situated on the south side of the ground floor, (*e. e. e. e.*) in which locality they are the nearest to the large court devoted to their occupants, and the occasion is avoided at the same time, of so great a number of persons often passing up and down stairs.

For the rest, these rooms are large enough for ten, fifteen, or twenty persons to have sufficient space to take their meals, move about, and follow their several employments without causing any very great deterioration in the air, especially in cold weather. In proportion to the number of their occupants just specified, all these rooms are twenty-

six feet in length, and eighteen in breadth. The floor is boarded with oak, as in the rooms of the fourth division, and the walls are in like manner skirted with a plinth; indeed the same species of carpentry pervades all the day and sleeping-rooms of this division. The walls are whitewashed from the ceiling, downwards to the depth of about five feet from the floor, and between that and the plinth are painted of a marble colour, for the purpose of preventing the marks which would be made upon white-washed walls from the patients' constantly leaning against them. An incomparably more respectable appearance is also thus given to the rooms at a small expense. The wood-work of the windows, doors, and plinths, is here, as in all the remaining parts of the establishment, painted of a light grey colour. Curtains are suspended at the sides of the windows, of the same make, and hung in the same manner, as in the fourth division. The furniture here also consists of oak tables and benches, like those formerly described. Their number is proportionate to the number of persons occupying the rooms in which they stand. They are placed in the centre, and are arranged so as to leave plenty of room for the patients to walk backwards and forwards, without incommoding each other. At the upper and lower ends of the room, two or three of the ward-robcs or chests that have likewise been described, are set up against the walls, as a substitute for the larger cupboards, when these cannot be conveniently admitted.

Four of these day-rooms devoted to the poor patients, are required for each sex. One of the smallest of them, is occupied by the convalescents and the more especially quiet and well behaved patients; and another by those persons who belong indeed to this class, on account of their poverty, but whose education and former standing in society, would occasion a feeling of degradation in being obliged to mix indiscriminately with patients of the lowest classes. The remaining two-rooms are appropriated to the remainder of these patients.

The sleeping-rooms for the same patients of the lower classes are on the north side of the upper story ranged next to each other, in a flight exclusively devoted to them (*e. e. e.*) They are spacious apartments twenty-six feet in length, and eighteen feet wide, lighted by two windows, and invariably slept in by eleven patients, and one attendant. The bedsteads are of iron, such as have been described, and are ranged in two-rooms opposite to each other, with the heads against the wall, and the feet towards the middle of the room. Thus situated they leave a free space six feet wide between the two rooms, and an interval of three feet separates every two beds in the rows.

Every patient is furnished with a wardrobe like those so often mentioned, placed against the wall between the beds, in which are kept the clothes belonging to him, and other articles entrusted to his keeping. The towel for the use of each patient is also placed upon it; and upon some of them stand the washing-basons for general use, which are brought in the morning to the washing-stands. A stool, like those which have been described, is stationed near one side of each bed, and under each bed, a night-vessel made of tinned iron, like those before spoken of.

Six of these large sleeping apartments are required for each sex. One of them, on each side of the house, is capable of being heated, and is devoted to those patients who are occasionally obliged to keep their beds,\* but are not so ill as to require to be laid up in separate rooms. For the

\* In a well organised and conducted establishment, the number of patients who are obliged to keep their beds, will be generally relatively small, except in case of the prevalence of epidemic disorders, intermitting fevers, dysentery, and the like. It is therefore quite superfluous to provide so many single rooms for the accommodation of this class of patients, as it has of late become customary to devote to them in establishments of recent founding. At the present moment, there are but five, out of two hundred patients in the Siegburg establishment who are confined to their beds, and it is very seldom that the number of patients thus circumstanced at the same time amounts to so many as ten.



rest, the same considerations are acted upon in uniting these patients in the bed-rooms as in the day-rooms.

Roller,\* proposes that the length of the common sleeping apartments should occupy the whole breadth of the house, in order that the beds may be ranged against the partition walls, rather than between the windows; and thus a free current of fresh air be kept up between the opposite windows. But this plan is neither advisable, nor for the attainment of the object specified, is it needful. It is not *advisable*, because by this arrangement the necessity is incurred of making a thoroughfare through all these apartments, to arrive at the wing where the smaller bed-rooms are situated; and the former must, on this account, be kept constantly open in the day-time, greatly to the disturbance of the general order. Those patients, too, who sleep in the farther rooms would be obliged, whenever they either go to, or return from them, to pass through all the rooms situated anterior to them. This circumstance assumes a still more annoying aspect, when considered in connexion with the cleaning of the rooms, the removal of the excretions, and the conveyance of sundry other articles to and fro. For the reasons given, the same arrangement is just as little *needful*; because, in the first place, a sleeping apartment of the length which I have assumed, is abundantly large enough for twelve beds to be ranged against the partition walls; and it is very seldom advisable for more than eleven patients and one attendant to sleep in the same room. In the second place, it is not needful, because a sufficiently strong draught of air for purifying the room, may be produced in these apartments in the second story, as I have recommended them, by an opening in the ceiling communicating with the cock-loft, at the opposite end of the room to the windows. This opening should be a foot square, and furnished with a trap-door raised and lowered by a cord running over pulleys. A similar contrivance has been adopted

\* Die Irrenanstalt, &c., page 108.

in this establishment, in all the sleeping apartments where it appeared necessary, and has here fully answered the purpose of ventilation.

Meanwhile it has been maintained by many writers, and amongst the rest, by the authors of the description of the Sonnenstein Establishment,\* that common sleeping-rooms for a considerable number of patients, are open to great objections; and that the opposite arrangement is far preferable, by which not more than from two to four quiet patients are united in one common day-room and lodging-room, as being more calculated to promote the living together of the patients in the social relation of private families. There will be however no hesitation in deciding which of these arrangements is justly entitled to the preference, when it is considered, that the assertion of the disadvantages arising from the union of larger companies of eight to ten or eleven patients in the same apartment, rests upon no other foundation than the frequent repetition of nocturnal disturbances, which it is pretended are caused by it; a foundation, nevertheless, completely destroyed by our experience in this institution, and which also accords with that in many other establishments, where it is the regular practice for even a larger number of patients to sleep in the same room; and that, on the other hand, the arrangement so much boasted of at Sonnenstein, is inseparably attended with a disadvantage which cannot be too highly estimated, viz.:—that most of the patients are deprived, for the whole night, as well as a portion of the day, of the oversight of their attendants, whose number is not equal to a third part of the sleeping-rooms; whereas by the arrangement existing at Siegburg and elsewhere, all the patients, without exception, are under surveillance throughout the night as well as the day. Still it must be confessed that the architectural proportions

\* Beschreibung der Königlich Sächsischen Heil- und Verpflegungsanstalt Sonnenstein. Von Nostitz und Jänkendorf. Dresden, 1829.—page 67.

fixed upon for the Sonnenstein Establishment, which notwithstanding the unusual advantages of its situation, and the aspect of the castle towards the town of Pirna, are as utterly inappropriate as could have been chosen, allowed no other arrangement to be introduced but that which has been followed, as may be discovered from the outlines appended to the description above referred to. It is very easy to conceive, therefore, that the respectable author of the description mentioned, who has laboured with such restless zeal to overcome those disadvantages, should be less inclined than many others, to appreciate the merits of arrangements superior to any which it was practicable to introduce at Sonnenstein.

It has been previously remarked, and may be again repeated, that we are now speaking only of the provision for patients of the lower classes, and indeed of none except those in whom confidence may be felt, that they will conduct themselves in a tranquil and becoming manner. It has been already stated as a rule, that the patients of the higher classes, as well as all those who, from the nature of their mental affections, belong to the lower divisions, are distributed into so many separate rooms, during both the night and the day ; and the arrangement here recommended makes it possible for a separate attendant to be liberated for the care of every such room.

Where the series of the common sleeping apartments terminates, the department for the higher and more refined classes belonging to the fifth division, and the convalescents amongst them, commences ; being only separated from the former by a partition wall. The extent of this department will be determined by the probable number of patients belonging to these classes who may be admitted. Judging from our experience hitherto at Siegburg, it may be estimated that of two hundred patients, about forty will be of the higher classes, that is, members of the nobility, or of the learned professions, persons in official stations, or merchants, and so on.

Now as one part of these patients individually requires to have separate rooms, and as the other part lives in companies of only two or three persons together, it follows that their apartments will occupy a much greater proportionate space, than the dwellings of the lower classes of patients, especially as single bed-rooms have also to be provided. For forty such patients of both sexes, from five and twenty to forty windows must be enumerated for the day-rooms alone, thirty-four for the sleeping-rooms, and to these eight must be added for the saloons. Hence these apartments, (*h.h.h.*) comprise collectively, two entire sides of the quadrangle on the second story, one side being devoted more especially to those patients who are in a more advanced stage of recovery, and the other to those who continue in a less favourable state. The room (*i*) in the corner, separating the two sides, is used as a saloon or drawing-room

In several recent establishments, a kind of emulation has appeared, in adorning these rooms for the more elevated classes of patients, with extraordinary elegance; and in furnishing them with handsome papers, costly furniture, sofas, piano-fortes, large mirrors, writing desks, carpets, and other luxuries, in which, as my judgment goes, some want of prudence and moderation has been manifested.\* For however allowable it may seem, that the inmates of this division should enjoy certain comforts and elegancies, in regard to their apartments and style of living, the privation of which would occasion them pain, still no doubt can be entertained, that it is more consonant with the objects of the establishment, to restrict the indulgence of luxury and effeminacy within very circumscribed limits. The entire arrangements, even in this part of the establishment, should possess the character of a certain simplicity and moderation,

\* Thus Kramer in the work previously cited, informs us that the rooms on the ground-floor of the establishment at Vanves, are furnished in a style of splendour which would ornament any nobleman's palace.

accompanied with an attentive concern for all that is really necessary ; together with such elegancies as are adapted to gratify a refined sensibility to cheerfulness, gracefulness, and neatness, rather than to flatter a taste corrupted and enervated by luxury and ease.

In accordance with these views, the walls of the day-rooms, which are sixteen feet long and of the same width, are either hung with a plain neat paper, or are painted of some agreeable colour, with a pleasant border round the ceiling. The walls are protected from being injured by the chair backs, by a strong moulded surbase of painted wood, which encircles the room, three feet from the floor. Between this and the skirting board, the walls are marble coloured, so as to agree with the paper or paint of the other parts.

The window-curtains are made in the modern fashion, of white muslin, uniting in the middle at the upper extremity, and received lower down on either side into a brass arm, so that they may really be serviceable as a screen against the sun, or for moderating the oppressive intrusion of the light. Between the windows stands a neat, well-made side-board, with three drawers for keeping the patients' table linen, &c., and over it is suspended a tolerable sized mirror. Against each of the two side-walls is placed a table of nut-tree wood, with a capacious drawer for books, writing materials, &c., and half a dozen handsomely shaped chairs of cherry-tree wood, the seats of which are woven with canes or rushes. The infirm, and none but them, are indulged with well padded arm-chairs. A chandelier is suspended from the ceiling of the room, and the table is drawn under it in the evening. The walls are decorated with copperplate engravings, chiefly of landscapes and lively historical pieces. Over the mirror a neat frame is fixed up with a text of Scripture painted upon it in large characters, the contents of which are consolatory, encouraging, or inspiring hope,



inviting to concord, thankfulness, mildness, &c., according to the needs of the inmates. The text may be exchanged from time to time for others. Besides these day-rooms there are also several smaller ones with a single window, for less affluent patients, to whom, notwithstanding, it may be desirable for particular reasons, to allow a separate apartment.

The sleeping-rooms are smaller or larger, and have one window or two, according as they are appointed for a single patient, or for two or three. They are either white or of some not glaring colour, with a black or brown border round the ceiling. The furniture consists of a bed-stead of the usual form of nut-tree wood or varnished oak, for every patient sleeping in the room; an iron bed-stead for the attendant; a washing-stand painted brown; a night-stool of cherry-tree wood painted brown for each patient; chairs as many as are wanted; a ward-robe of varnished oak; a small mirror; washing utensils and night vessels of strong stone-china; decanters, drinking cups, and all the sundry other articles pertaining to the support of cleanliness. The windows are hung with curtains of green stuff or strong green coloured muslin. The windows of all the rooms are furnished in the inside with shutters, which fold together in the lateral walls of the windows.

The saloon or general day-room, (*i*), which occupies the central point of this department on the women's side of the establishment, as well as on the men's, is of considerable magnitude in both cases. That on the men's side in particular is necessarily of great size, as besides being furnished with several larger and smaller tables of nut-tree wood, like those before noticed, a dozen and a half of chairs uniform with those just spoken of, a piano-forte, and cases for collections of books, music, various wind and stringed instruments; collections of shells, minerals, butterflies, and other natural historical specimens; it contains a billiard table\* of

\* In the corresponding women's room, nine-pins supply the place of the billiard-table.

suffieient magnitude; and after all, ample space must be left for a large eompany of persons to move freely about. The walls are painted some cheerful eolour with an agreeable border, and are ornamented with a number of good maps varnished and framed, as well as with a seleetion of eopper-plate engravings, representing landseapes or suitable historieal subjects. The wall between the two eentral windows is furnished with a large mirror. The window curtains are like those in the other day-rooms. On the tables are plaeced draught and chess boards, and other means of amusement.

The gallery also of this department is enlivened by an assortment of pietures of fruits, flowers, animals, landseapes, &c., and with eages containing eanary and other singing birds suspended from different parts of the eeiling; whilst here and there over the doors a little squirrel revolves his wiry house, or a parroquet amuses the passers by with his prattling jargon; all which are proeured with the intention of relieving the impression of dreariness and dead uniformity, to which the mind but too easily falls a prey, in these habitations of misery; and of supplying the imagination in moments of leisure, with subjects of oeeupation at once innoeent and interesting, without being too exeiting. At both ends of the gallery are privies, and adjoining these, rooms for keeping the cleaning utensils used by the attendants.

The courts and gardens of the fifth division thus far described, are arranged on both the men and women's side, in a style exaetly eorresponding to that of the other parts. The courts lie in the eentre of the quadrangles, and from the moderate height and extensive range of the buildings by which they are surrounded, they are well lighted and of considerable size. They have a small round grass-plat in the eentre, surrounded by a eirele of poplar trees, with wooden benehes between them; and at the sides where

the high windows of the gallery of the fourth division open into them, they are enlivened by coops for various kinds of birds and cages for rabbits &c.

The court-yards arranged on the plan of Esquirol, in the establishments of recent date in France, have been before noticed. These are encircled on three sides by a piazza or colonnade, and are only enclosed on the fourth side by a handsome iron trellis work, which does not intercept the view of the neighbouring scenery; whilst the roof of the colonnade forms a delightful and ever present walk, on which the inhabitants of the second floor may enjoy the fresh air, together with a prospect of the surrounding fields and gardens. This is an arrangement which at once confers an uncommonly beautiful appearance upon the buildings, and forms a constant source of great enjoyment for the patients. Still it is not free from very important objections, as courts enclosed on all sides and shaded from the violence of the winds, especially at those seasons, and in those states of the weather, when the gardens cannot be much enjoyed, and the courts are the most resorted to, are exceedingly valuable; and in those cases where the patients are otherwise accustomed to spend very much of their time in the open air, the enclosure of the courts will scarcely be unpleasantly felt for the few short hours which they may have to pass in them. At these inclement seasons, the colonnades are certainly of great service, and very agreeable to those who walk under them; but they necessarily darken the rooms situated behind them; and if, as is the case with the establishments alluded to, a similar colonnade surrounds the external side of the buildings, this defect is further increased. For this reason, I do not look upon this plan as deserving of imitation, but regard that arrangement, on the contrary, as much preferable, by which a double colonnade with a partition wall in the middle, dissects the court into two equal parts. We may the more readily reconcile ourselves to this arrangement,

notwithstanding the loss thus sustained by the inhabitants of the second story, because the walk over the roof of the piazzas is always accompanied with the danger of accidents. At least, as it cannot be used except by a single patient, in company with his attendant, it is clear that the enjoyment of it is thus very much confined.

The excellent arrangement of the courts surrounding the buildings of the establishment at Wakefield, has also been adverted to, in our previous notice of that institution. The same plan, however, is only applicable when the courts, instead of being enclosed by the buildings, are only contiguous to them on one side.

The garden of this division on the men's side, embraces the east and south wings, and on the women's side, the west and south wings; and has its chief entrance from the house, out of the day-room, on the ground floor of the south wing. Each of these gardens comprises an area of about three hundred and fifty square perches, and is laid out not more with a view to the purposes of pleasure than to economical advantage, sufficiently extensive grounds being devoted to the latter in other parts of the premises. In these, therefore, grass-plots agreeably alternate with shady walks and beds of flowers; tables and benches overshadowed with bowers of various kinds of foliage offer tempting invitations to repose, and a fountain with a jet of water eight or ten feet in height, falling back into a low basin, delights the eye and the ear. The walls enclosing the gardens are covered with fruit trees of various kinds, trained along espaliers. One of the chief objects, however, to which attention has been directed in the arrangement of the gardens, is to command, from several points, a complete and rapid survey of all parts of them; so that a few attendants may be able from these stations to keep a constant eye on all the patients present, in order that no one may escape unobserved, hide himself, or commence any other sort of unbecoming conduct. As

the situation of the establishment makes it impossible for these gardens to be overlooked from without, the walls enclosing them are sunk into a hollow in the ground, ten feet deep, so as to constitute what are called Aha's, over which the view may take an unconfined range. The idea of forced detention is thus, by so much the less, obtruded on the minds of the patients.

It remains yet to explain the uses to which the fourth sides of the quadrangles are applied, which form the lateral boundaries of the great entrance court, in front of the domestic buildings. As the north and south sides of the quadrangles, form the two long sides to which the east and west sides merely stand in the relation, as it were, of connecting links, which are consequently curtailed at both extremities by the width of one of the sides; it follows that they will only have a length of one hundred feet, and a breadth of thirty-four feet in the interior; twelve feet of the breadth being taken up by the gallery running along the court, and the partition wall bounding it internally. In the next place are the stairs, (*g. g.*) at each end of this side, which are devoted, at the one end, to the inhabitants of the upper story on the south side; and on the other, to the inhabitants of the north side, and on the side being now described. The space intervening between the two flights is occupied, in the quadrangle devoted to the male patients, principally by the work-room (*k.*) which is sixty feet long, and twenty feet wide. It is used in bad weather and in winter, both for the prosecution of various mechanical operations, such as the sawing of fuel and planks, netting, weaving of mats, &c., and as a place of amusement for playing at ball, nine-pins, &c. For the latter of these purposes it is furnished with a nine-pin stand, a vaulting horse, and other instruments of recreation. This room is lighted by eight windows, which are placed as high in the wall as those



in the fourth division, partly for their safety during the various operations there carried on, and partly to intercept the view from within into the domestic courts and buildings opposite, as well as to prevent the room from being looked into from the court. The needful warming in winter is effected by a heating apparatus at each end of the room. A pair of folding doors opens from this apartment into the adjoining gallery, in which the windows stand equally high with those in the room, to preserve the symmetry with the opposite wing. The same gallery forms the internal communication of the fifth division with the domestic buildings. The patients of the lower classes in this division, likewise pass through it to reach the stairs, by which they arrive at the large sleeping apartments devoted to them in the upper story of the north wing, whilst the same gallery also communicates at the north end with that gallery which was previously noticed as leading from the fourth division of the buildings for domestic purposes.

Contiguous to the large apartment for bodily exercise above mentioned, is the room (*h.*) of equal width, and twelve feet long, which is used as a bath-room, for those patients whom it is not thought suitable to allow to bathe in the general bathing establishment. The entrance to this bath-room is in the north wall of the gallery leading to the domestic buildings. The internal arrangements are a counterpart in miniature of those in the large bathing establishments to be described in the next chapter, except in regard to the provisions for the douche and fumigation baths.

In the upper story of this wing in the men's department, the upper attendant has his day-room and lodging-room, (*l. l.*) and adjoining to these rooms is the magazine (*m.*) in which the upper attendant keeps the stores of linen, clothes, bedding, and other articles confided to his care, in such quantities as are appointed by the regulations on this head, for the number of patients present at each particular time.

And immediately adjoining, in the same line, follow the residence of the medical assistant, consisting likewise of a day-room and lodging-room, (*k. k.*;) and lastly, two similar dwellings intended partly for such individuals as are affected with morbid states of the mind, but as to whom a doubt still remains whether they ought to be considered as labouring under insanity; and principally for those persons who believing themselves to be on the confines of insanity, and on that account committing themselves of their own accord to the medical treatment in the establishment, yet wish to live separate from the patients. This class of persons, according to my experience at Siegburg, (where all the instances of this kind have hitherto, with one exception, been men, who indeed alone have the power of disposing of themselves in such cases), is sufficiently numerous to render it seemingly necessary that accommodations should be provided for their reception, in the arrangements of a curative establishment.

The furniture of all these day-rooms and sleeping-rooms, is of the same description as that of the patients' rooms of the fifth division; and all the arrangements in other respects precisely similar, except that in the officers' rooms, the windows are not furnished with locks or grates.

The quadrangle (D.) appropriated to the female patients, corresponds in every essential particular of its entire construction and arrangement, with the men's quadrangle, except that of course, the west side of the one, corresponds to the east side of the other, and the east of the former, to the west of the latter quadrangle. In the lower story of the east side (D. 1,) the space occupied in the men's quadrangle by the large work-room, is here devoted to magazines, for all sorts of linen and bed-furniture, (*k. k. k.*), which in the upper story, (D. 2,) the space comprised by the residence of the assistant and voluntary patients on the men's side, is here the site of the second physician's residence, (*k. k. k. k.*)

Immediately adjoining these rooms, is the store-room of the female upper attendant (*m*,) and the residence of the same person, (*l. l.*) of precisely the same construction as on the men's side.

These two sides of the quadrangles last described, rest in their whole extent upon vaulted cellars ten feet high, and are lighted by windows two feet high, corresponding in their number and width to those above them. The cellars are entered through a covered way opening towards a wide descending stair-case. Those under the quadrangle occupied by the male patients are used for preserving the winter stock of potatoes, carrots, turnips, apples, and other vegetables, and fruits; whilst in the cellars under the women's quadrangle are kept those vegetables, whose roots are generally buried in earth or sand for winter consumption.

Lastly, we have to observe, that the attics in the quadrangle which is devoted to the male patients, are used as store-rooms for miscellaneous articles; the attics of the opposite quadrangle are principally employed as drying-rooms for the linen in warm weather, when the rain prevents this operation from being carried on in the open air.

## CHAPTER VIII.

DESCRIPTION OF THE BUILDING FOR DOMESTIC PURPOSES. THE WASH-HOUSE. THE BATHING ESTABLISHMENT. ENCLOSURE OF THE INTERNAL BOUNDS OF THE INSTITUTION. THE RESIDENCE OF THE DIRECTOR. BUILDINGS FOR AGRICULTURAL PURPOSES. THE GROUNDS BELONGING TO THE ESTABLISHMENT. THEIR APPROPRIATION.

BETWEEN the two quadrangles last described, stands the building devoted to domestic purposes (E,) binding them together on the north side. The length of this building is one hundred and forty feet, and its breadth fifty feet, having eight tiers of windows on each side of the large folding doors in the centre of the front. It rests in its whole circumference on the vaults of the cellars, which are ten feet high, and rise four feet above the level of the court. These cellars are lighted by a range of windows in front and at the back, corresponding in their number and breadth to those of the lower story of the superstructure, and three feet in height, so that the cellars are thus thoroughly well lighted and aired. In the interior to the right and left of the front entrance, extends the gallery communicating at both ends by means of the doors, (*h. h.*), with the adjoining ante-chambers of the great quadrangles, which are generally kept locked. At both ends are also stairs, (*b. b.*) leading up to the second floor of this building.

Opposite to the chief entrance is also another pair of folding doors, opening into the chapel of the establishment, (*d.*) which is adapted to hold a hundred and twenty or thirty persons.

On each side of the chapel, the gallery has a prolongation at the ends, ten feet wide, leading to the doors (*g. g.*) which open into the passages (*F. F.*) through which lies the road to the quadrangles containing the three lower divisions, (*A* and *B.*) and also the entrances into the wash-house, and the bath-houses. Besides these, the ground floor of the domestic building, also comprises the steward's office and the registry, (*e. e.*) the dining-room for the male and female servants, (*f. f.*) and a conference-room. The stairs already mentioned at the extreme ends, lead up into the story above, and down to the cellars beneath.

All the rooms on the ground floor, that have been just enumerated, besides the gallery are vaulted, as is required by the great variation in the partition of the upper rooms, from that of the lower ones. Without going in this place, into a more minute description of this partition in the upper story, which is not necessary to our purpose, we may remark that the west side contains a sufficiently spacious residence for the steward, and a conference room for the government and auditing committee, and the east side the residence of the Roman Catholic and Protestant clergymen; the latter being adapted for a family dwelling, with a room for the clerk employed in the service of the clergymen, and another for the steward's clerk. The stairs at both ends leading to these various apartments are continued up to the attics, which are partly used as bed-rooms for some of the steward's and Protestant clergyman's families.

On descending the stair-case which leads down to the cellars on the east side, the first place arrived at is the great kitchen of the establishment. This is a spacious apartment thirty feet wide, and occupying the whole breadth of the building; well lighted, properly supplied with water, and completely furnished in every respect with the conveniences required for its important purposes. Then follow in succession separate store rooms for all kinds of victuals, fuel,



materials for cleaning and lighting, and various other articles. These comprise all the remaining underground rooms, and communicate by doors with each other. Each of the store-rooms open at both ends of the domestic building, with wide doors and staircases into the spacious court in front (R.)

The previously mentioned passages, (F. F.) connecting the domestic buildings with the two smaller quadrangles, (A and B.,) and with the wash-house, are built of stone, the walls not exceeding the solidity absolutely necessary. They are a hundred and fifty feet long, ten feet wide, and ten feet high, and are lighted by windows of the same height and breadth as in the three lower divisions, placed a little below the roof, at intervals of twelve feet in the external walls. The floors are paved with slabs of grey marble. These passages terminate in a small ante-chamber, (e.) which has been already noticed as belonging to the quadrangle for the three lower divisions, and which also contains a door leading into the bathing establishment, another into the wash-house, and a third, into the third patient's division.

The wash-house (G.) interposed between the two quadrangles, is a one-storied building, the interior of which is forty feet wide, and forty feet long, and divided by a wall running across from north to south, into two apartments, one of which comprises a third part of the whole, and the other the remaining two-thirds. The two communicate by a door in the partition-wall, and are lighted by six windows reaching to the usual depth, and the north and south ends, four opening into the larger and two into the smaller room. The floor of both the rooms is paved in a similar manner with slabs of grey marble, and slopes sufficiently towards the north side to cause the water let off from the tubs, or used in scouring, &c., to flow towards that part, where it escapes through an aperture in the wall, and is carried away by a pipe to the neighbouring brook. The larger room situated on the east side is used as the wash-house, and it

is contiguous to the bathing establishment for the male patients, the same steam boiler which heats the water employed in washing, being fixed in the partition-wall separating the bathing-room from the wash-house, is made to perform the same service for the baths. This is done by means of a pipe which passes through the wall, and conveys the steam to the large tub in which the bath-water is heated. Steam-pipes also extend in the wash-house from the right and left of the boiler, into the two large oaken tubs, in which the linen is steeped in suds. More in the centre of the room than these two, is a still larger tub of an oval shape in which the linen is soaked. Provisions are also made for plentifully supplying the wash-house with clean water, by means of a set of pipes for the purpose, as well as for carrying away that which has been used by another set of pipes distinct from the former. Shelves two feet wide are fixed along the walls to the right and left, upon which the dirty linen is placed on the one side, and that which has been washed on the other.

In the room next to the wash-house the linen is starched, ironed, mangled, and kept until delivery. This room is therefore furnished with an ironing table, a mangle, and broad shelves along the walls for laying out the linen previously to its being taken away. The centre of the wall which separates the laundry from the adjoining bath-room, is occupied by a large stove, which is here used for making the heaters employed in ironing red-hot. Its more important use, however, is to heat the steam-boiler by means of which the water in the large tubs of the adjoining bath-room is raised to the desired temperature.

The loft over the ground floor of the wash-house, to which a flight of stairs leads up in the north-west corner, is intended for drying the linen in winter. For this end it has what is called an English or broken roof, the cross beams of which are only eight feet from the ceiling of the room

underneath, and likewise support a second roof in order that the apartment which is enclosed on all sides by walls of frame-work, capable of being tightly shut in, may retain the heat brought into it by pipes from the heating apparatus of the wash-house below.

On both sides of the wash-house, as we have previously noticed, are situated the large bathing-rooms, (*g. g.*) the right one for the male patients, and the left one for the female. Each of them is forty feet long, and thirty feet wide, and has a door at the south end, leading to the small ante-chamber before mentioned; and two doors at the north end, one of which leads to the room, (*h.*) where the fumigation baths are administered, and the other opening into the room (*i.*) which contains the resting-beds, and communicates with the apartment (*f.*) of the chief assistant of the male or female upper-attendant. The windows are directed towards the court of the quadrangle, and agree in their position, and in other respects with the remaining windows of this division of the buildings. The arrangements of both the bathing-rooms are precisely similar, so that in the description which we are about to give of the one, viz: that on the east side; the description of the other will be included, only it must be recollected that what is here spoken of as being on the left side, must be understood as on the right in the other, and *vice versa*.

Close to the wall separating the bath-room from the wash-house, stands a large tub, made of the strongest oak staves, two feet and a half high, and six feet in diameter; covered with a lid of equally strong oak, which is divided into three moveable wings opening like doors upon massive hinges. In the middle portion of this cover are two openings; the one for the admission of the leaden pipe by which cold water is brought into the tub, and the other for a similar pipe, by which the steam is conveyed from the boiler in the wash-house, into the water to be warmed for bathing. Both

the pipes are furnished with brass stop-cocks, that they may be opened and closed as required. The cold water is brought to this tub by the same set of pipes that supplies the other parts of the establishment, as will be more fully shewn in the sequel. Near the pipe which supplies the vessel, is a second pipe, which descending near it and running under the floor, there branches off into several pipes, which pursue their course to the various compartments on the other side of the room, where the bathing-tubs are situated. Another pipe also descends from the lower part of the large tub in which the water is heated, and entering the ground and branching off in a similar manner, accompanies the pipe conveying cold water to the different bathing-tubs. Both the pipes are likewise furnished with stop-cocks, just above the part where they enter the ground, in order to moderate the stream of water, according to the quantity wanted in each bathing-tub. The bathing-tubs themselves, four in number in each bath-room, are formed of sufficiently strong brass plates. They are five feet and a half long, two feet wide, and one foot five inches high.\* The upper margin is turned outwards so as to form a round edge an inch in diameter; the inside is painted of a lead colour; the outside black.

\* The depth ought not to exceed one foot five inches, as deeper bathing-tubs for the use of the insane, especially of such as are rather difficult to manage, are found to be exceedingly inconvenient, particularly in lifting the patient in and out. Still this inconvenience is greatly increased when the bathing-tubs are below the level of the floor; as the attendants are then obliged when it is necessary to retain a patient in the bath by force, to lie down upon the ground, and in this position are unable to avail themselves of the full strength and activity which they possess. The covers, however, which have been so frequently recommended for the bathing-tubs of the insane, are entirely unnecessary; at least in every case, except when cold affusions upon the head are to be administered at the same time with the warm-bath; and then the aperture through which the head protrudes should be well padded, in order that the patient may be prevented from hurting his neck by the violent wringing of his head. The bathing-tubs commonly used in the establishment at Siegburg have no covers, nor have these appendages ever been wanted.

The heads are placed close to the wall, and the feet pointing to the opposite side of the room. At the feet are two apertures for the admission of the pipes, conveying the cold and warm water to each bathing-tub. These are furnished with a second brass stop-cock, just before their entrance. In the bottom of each bathing-tub towards the feet, is an aperture closed with a valve, through which the water is dismissed after it has been used, into a pipe which unites under ground with the pipes coming from the other bathing-tubs into one common pipe; and the latter gradually sloping downwards conveys the bath water into the general drain, which also carries off the water from the wash-house into the brook.

In the same range and direction with these four bathing-tubs, is a fifth which is used for administering the vapour bath; but for an account of its construction I shall refer to the work of Horn mentioned below.\* Between all the bathing-tubs, and at each end of the row, stands a wall of masonry five feet high, and five inches thick, which projects one foot beyond the feet of each bathing-tub, whilst a space of two feet is left between the bathing-tub and the partition wall on each side. The front of the different compartments thus formed, is made by a green linen curtain suspended from an iron-rod stretching from wall to wall, so that each bathing-tub stands in an apartment completely enclosed on all sides, and sufficiently spacious for a person to dress and undress in, and for the presence of the servant attending on each bath. One part of the attendant's duty is to take care that dry straw mats are laid down every time the bath is used, for the patient to stand upon on quitting the bath, and to set his feet upon whilst being dried and dressed.

Against the last of the partition walls just noticed towards the side of the room where the windows are situated, several steps are fixed up internally, for the purpose of giving

\* Horn öffentliche Rechenchaft, u. s. w. Berlin, 1818.—page, 325.



the attendant an elevated position, whilst administering the shock-bath. When this is applied, the patient to whom it is prescribed is fastened externally to the wall in a refractory chair, and the attendant takes his stand upon the highest of the steps, whilst two assistants rapidly hand up the water in leathern buckets from the bathing-tub close by, which is filled with cold water for the purpose, so that the prescribed number of pails-full may thus be precipitated in quick succession, and with a force increased by the height of the fall upon the head of the patient below.

The same region of the apartment where the shock-baths are given, contains also provisions for the stream and drop douche-baths. The construction of both these is so simple and well known, that a detailed description of them will not be expected; and I shall therefore confine myself to an account of the shower-bath, situated on the opposite side of the room.

This consists of a large brass vessel in the shape of a kettle, holding a hundred and ninety quarts, two feet four inches in diameter at the upper margin, and in all two feet two inches high, with a double bottom. The upper bottom is only four inches and a half above the lower one, and represents a flat surface, having in the centre an aperture closing tightly with a valve. This valve is raised by means of a cord attached to it, and falls back again on the drag being relaxed. The lower bottom which is arched downwards, and one foot seven inches in diameter, is perforated with a multitude of small holes, one third of a line in diameter. The vessel is supported at the sides upon a square frame projecting under the ceiling of the room. The quantity of water required, on each occasion, is driven into the vessel by means of a portable forcing pump, to the external opening of which is attached a leathern pipe three inches in diameter, and of such a length that its upper end rests in the vessel. When all is prepared, and the

patient has taken the necessary position underneath, the valve is raised by drawing the cord, and the water rushes down with great force like a violent shower of rain. The descent of the water, however, may be suspended at any moment by slackening the cord, so as to allow the valve to fall down. This interruption of the stream is frequently necessary, as the shower of water rushing down with so much compactness, prevents the free access of air to the patient, and he must therefore have the opportunity at intervals of fully regaining his breath.

The portable forcing-pump above alluded to, serves at the same time for administering the syringe or squirt douche. For this purpose, shorter leathern pipes, two or three feet in length, are screwed on the external opening, and to these is attached a pipe eight inches in length, with a bore two or three lines in diameter. Or instead of the latter, a similar pipe may be used with a round flat head, two inches in diameter, and perforated with numerous small holes, fixed at the end. When this apparatus is employed, the patient is placed at the distance of four, six, eight, or ten feet; and the stream of water caused by setting the pump in motion, is directed to the intended part. The administration of this douche, however, requires to be accompanied with a certain degree of determination, and with great caution, least the stream be urged too forcibly or too long against any, and especially against the more tender parts of the body; or otherwise bruises, and even excoriations, attended with bleeding, might arise on those parts.

Besides these syringes, several watering-cans are also provided for applying cold affusions, which are not unfrequently administered to the patients whilst sitting in the bath; half-a-dozen leathern pails are also in readiness for administering the shock-bath, and for filling the cistern of the portable forcing-pump. A wooden bathing<sup>d</sup>-tub, of the same size and form as the brass ones, also stands prepared for

those cases in which the patients are to receive the stream, drop, or shower douche-bath, whilst sitting in the warm-bath. For this purpose it is provided with rollers under the bottom, that it may be easily transferred to the required part of the room.

In conclusion, there are still three things to be noticed in connection with the bath-room. The first of these is the stove, which is situated near the entrance door, towards the centre of the south wall, and is sufficiently large to be capable of warming the whole apartment, even when the external temperature is exceedingly low. The second is the small chamber, (*i.*) situated behind the bath-room, and containing two resting beds for such patients, as are ordered to spend some time in bed, immediately after quitting the bath; and the third is the adjoining apartment, (*n.*) devoted to the fumigation-baths, and containing also the fumigating apparatus of Galle de Carro, which I presume is sufficiently well known.

The spaces (P. P.) situated on both sides between the quadrangles for the three lower divisions, the connecting passages and the courts for the fourth division, are used as bleaching grounds; whilst the spaces (T. T.,) the one lying between the two connecting passages in front of the wash-house, and the other behind the wash-house, are applied for drying grounds. On the east and west of the bleaching grounds, and of the quadrangles just named, are situated the gardens for the house steward, and the steward. The whole of the premises lying in the rear of the domestic building, and of the large quadrangles contiguous to it, as well as of the gardens pertaining to them, are enclosed by a wall which is continuous with the wall bounding the gardens of the fifth division. It is of the same height as the latter, and like it is built in a hollow of a depth equal to the height of the wall, with the exception of that part which surrounds the grass-plats, (N. N.) devoted to the patients of the three

lower divisions. The condition of these patients equally requires that they should be as little exposed to the notice of the others whilst in their courts, as that a constant means of excitement should be presented to them, by a free prospect of the animated scenery beyond.

This expanded circumference of walls is accompanied externally through its whole extent by a double row of lime trees, which whilst they contribute their share in conferring a milder character upon this confinement, constitute at the same time the nearest shady walk to the members of the establishment on the outside of the walls. As for the rest, it is clear from the description that has been given, that this wall surrounds the entire mass of the buildings with their various divisions, as well as the courts, and gardens belonging to the interior of the establishment; as in fact the purpose of its erection, which is to afford a secure and adequate protection to the establishment, as well against any escape or illicit intercourse from within, as against any unwelcome intrusion from without, requires that it should.

For the same reason it has only two places of entrance and exit, in the whole of its wide circumference, viz: one on the north side, over against the back part of the wash-house, and the other as will be seen presently, on the south side.

The entrance last referred to, is situated where the walls enclosing the gardens of the male and female fifth divisions approach each other on the south side. In front of the walls at this part, on both sides are situated the buildings pertaining to the farm, and between these is the chief entrance into the interior, or enclosed part of the establishment, leading immediately into the court, (R.) which is encompassed with a double row of lime trees.

This entrance is formed by a broad and high folding gate, (y,) for the passage of carriages and carts, and by a similar gate to the left of this, for the admission, and egress of foot

passengers; both generally kept strictly fastened, and only opened on each occasion, for the temporary necessity.

In the inside of the court, by the side of the smaller gate, near the principle gate, stands the small porter's lodge, (L.) only twelve feet square, with a glass door towards the west, and two windows, one of which is directed towards the buildings of the establishment, and the other towards the high road on the opposite side; both are well secured with iron grates, and through them it is the porter's duty to observe every one that either comes or goes, to receive the tickets of admission and of egress, as well as letters, messages, &c.; whilst he is also enabled, at the same time, by means of a string and latch, to open the gate for foot passengers without leaving the lodge, this being hung so as to fall back when open by its own weight.

External to the wall on the right of the gates, is situated the two-storied residencee (H.) of the steward and his family; contiguous to which, in the same row, is a spacious coach-house for carriages, carts, and wheelbarrows; then a shed, and lastly a stable with stalls for eight horses, and a chamber above for the groom, (J. 1, K. 1, K. 3.) The lofts over these several places are used for laying in the greater part of the stock of straw, oats, corn, &c., belonging to the establishment. On the left side of the gate is likewise a two-storied building, (A. 2.); the ground floor having a vaulted roof, is divided into two parts, the bakehouse on the left, and the carpenter's workshop on the right; the latter being spacious enough to contain at least four benches, as several of the patients are constantly employed in it at once. The upper part of this building contains chambers for the male house servants, the carpenter, baker, and watchman; and in addition to these, a tailor's workshop, where the repairing of the men's clothes is carried on; the residence of the (unmarried) gardener, and a seed-room. Connected to this structure is another one-storied building, (J. 2,) divided into three com-



partments, each having a distinct entrance. The first is used for preserving the carpenter's stock of wet timber; the second for keeping the implements of husbandry and horticulture; and in the third are kept the water engines, and other instruments for extinguishing fire. Next to this follow again, a shed, (K. 2,) furnished with conveniences for the sawing of boards, and adjoining this a stable for twelve cows, (K. 3,) besides a room for the milk-maid, and a small kitchen containing a stove and boiler for cooking the provender, &c., as also under these a milk-cellar. The lofts over the last-named buildings, like those on the other side of the gate, are used as barns, for hay, straw, and other similar articles of farming stock.

At the distance of fifty paces in front of the chief entrance, and of the buildings contiguous to it on each side, stands the director's residence (M.) two stories high, fifty feet long, and thirty-six feet wide. It rests throughout upon vaulted cellars, amongst which is the kitchen and pantry. The house, without any display of luxury, is at once cheerful and respectable, and has a collateral building for laying in fuel, and a cow-stable, hen-coops, &c. The latter occupy one side of the court (W.) situated in front of the house, and surrounded by a high trellis-work fence.

The garden lies at the back of the house, and comprises an acre and a half of ground. The whole of it is surrounded with a quick-set hedge, and is partly laid out for culinary purposes, and partly as pleasure ground: the house and garden, as well as the agricultural buildings, are well supplied with water.

Those parts of the establishment that have now been described, form as it were its nucleus or kernel. But this central portion is surrounded by an extensive range of land, comprising about fifty Magdeburg acres, which is cultivated in a variety of ways. The greater part of it is applied to the growth of vegetables; the establishment deriving

hence, the whole stock of vegetables consumed by its two hundred and sixty or seventy members. Upon another portion is grown, the green provender for the horses and cattle, to which also numerous pieces of grass-land likewise contribute. Only about a fifth part of the whole is devoted to the production of corn, such as wheat or oats, and this purely on account of the advantage derivable to the land, from a certain regular change in the succession of crops.

As however, merely agricultural advantages are not the chief object in view, in the appropriation of the land belonging to the institution, but as the whole must be made subservient to the great purposes of the establishment, great pains are employed to give the estate the appearance of a large garden; firm gravel walks six feet wide, now in straight, and now in tortuous lines, are laid down on the external confines of the premises; whilst similar walks meeting with, and running into them, lead to a variety of scenic points, and create a great diversity, in which the rambles of the patients may be directed; the walks are bordered in some places on both sides, and in others only on one side, with various kinds of fruit trees, such as the finest stone-fruit, apples, pears, sweet chestnuts, walnuts, &c., interspersed with maple and lime trees, and at intervals lines of fruit trees are to be seen stretching across the fields. Here and there, in agreeable spots, separate groups of lofty beeches, sycamores, and ashes, overshadowing neat benches, or banks of turf, offer delightful means of repose. In other places are planted beds of flowers, plentifully strewn with pinks, jasmins, roses, and other flowers of the season. Thick shrubberies, set at greater or less distances from each other, and directed according to the different aspects of the sun, here and there overshadowing elegant seats, and alcoves in different parts roofed with slate, and open at one side, offer to those who may be rambling in the more distant parts of the grounds, or engaged in agricul-

ture and gardening, a neat and delightful refuge, when surprised by rain or storms. The brook supplying the establishment with water, is made to deviate from its straight forward course, so that by meandering in a serpentine direction through the fields, it presents to the eye an agreeable picture from every point of view. In one of the more distant and secluded parts of its course, it disappears behind a thick shrubbery, extending about thirty paces along its banks; a hut is erected here on the shore, containing several seats; and in suitable weather the patients are allowed to bathe in the open air, under the charge of their attendants. One of the grass fields before alluded to, studded with a variety of beautiful chesnut and walnut trees, and containing a large hut and a number of resting benches, is converted into a play-ground for the members of the establishment; and as means of diversion, is provided with a pole for shooting at a mark with cross bows, a nine-pin stand, a tilting yard, and several swings formed of arm chairs hung between lofty trees. The whole estate is surrounded by a dense quick-set hedge of white thorn, six feet high; round the outside of which runs a carriage road for the convenience of the establishment. This fence is interrupted in three places by strong barred gates of the same height as itself, for the passage of carriages. These gates are generally kept fastened by means of staples, and padlocks; but as they also serve for the passage of the patients when they take walks beyond the bounds of the estate, the upper attendants are furnished with keys to them. In addition to these entrances into the premises, there is also a fourth and chief entrance from the high road leading to the institution, which forms the regular means of access to the establishment. The gate situated here is stronger and higher than those before spoken of, and has also a separate gate at one side for the use of pedestrians. On the same side is also a small dwelling for one of the under gardeners and his family, who pay for

the occupation of their house by opening the gate for the admission and departure of carriages, and by keeping watch at the same time that no beggars, or other disreputable looking persons, children, or forward intruders of any other kind pass through. Those persons who desire admittance on account of business, or for any other plausible reason, are furnished with a ticket, which, according to the nature of their errand, they either show at the upper porter's lodge, or to the director, and leave it there; or, according to circumstances, exchange it for an admission ticket to the interior of the establishment, to pay a visit to any of the patients, as the case may be.

The carriage road leading from the outer gate to the buildings of the institution is twenty feet wide, well made, and constantly kept in good repair, with a row of poplars at each side, and a firm gravel walk, five feet wide on the external border, for foot passengers. The line of poplars on the right side is continued on to the space, (V.) situated between the agricultural buildings and the director's mansion, and planted in an agreeable manner with several rows of lime trees, and sweet chesnuts.

It may perhaps appear to some, that I have treated this last part of my subject at too great length, and entered into unnecessary detail. But I must excuse myself on the ground that I consider it as one of the most highly important points, which can engage the attention in the planning of a lunatic establishment; and I felt the more obliged to handle it with a greater degree of care, because it generally happens, even in those cases where great labour and expense have been bestowed on the buildings of an institution, that when the external premises, from which alone they derive their ultimate value and efficiency, come to be considered, parsimony and negligence prevail to such an extent, that sufficient is thought to be done, when a couple of tolerable sized courtyards, and a kitchen garden of one or two acres are pro-

vided. I have before remarked how sparingly even the fine establishment at Sachsenberg is provided with grounds, although the skilful manner in which the extent allowed has been applied, excites the most agreeable impression, which like many other attributes of this institution, is worthy of being followed in other places. The gardens and parks attached to the private establishment at Vanves, are perhaps more extensive in proportion to the number of patients, and more exquisitely laid out than those belonging to any other institution; but in this respect, they seem to be too much adapted to encourage feelings of voluptuousness and delicacy.



## CHAPTER IX.

PROVISIONS FOR WARMING AND LIGHTING. ARRANGEMENTS FOR THE MAINTENANCE OF CLEANLINESS. THE SUPPLY OF WATER. PLAN OF THE PRIVIES. WATER CLOSETS. MEASURES FOR PROTECTION.

WE now direct our attention to a few other subjects pertaining to the internal arrangements and attributes of the establishment.

*1st. Provisions for Warming.* It has been repeatedly stated before, that the rooms of the establishment are warmed by means of heated air. The general method by which this species of warming is effected, may be presumed to be well known. I have therefore to remark, what experience has fully proved that the method of conducting heated air through pipes running in a horizontal, or but slightly ascending direction, is not only attended with great difficulties, but sometimes totally fails; and that this plan is entirely inapplicable where the suite of rooms to be warmed is interrupted by considerable intervals, as is the case in the fourth and fifth divisions of the institution here described, where the large sleeping apartments, and the smaller lodging-rooms break the continuity of the range. This method is only adopted in the three lower divisions. Here the apartments to be warmed follow each other consecutively, and the stove is situated in every case in the centre of the suite, for the purpose of abridging as much as possible the length of the conducting canal. The latter being sent off from both sides of the stove, its extent is thus greatly curtailed, and confined to the width of three or

four rooms at the most on each side. In the fourth and fifth divisions, the stoves are so arranged, as never to warm more than two day-rooms on the ground-floor, and two on the upper story; the partition of the rooms being designedly so contrived that the sleeping-rooms shall remain in general unwarmed. These divisions then, including the work-shops and bath-rooms, require ten stoves on the men's side, and ten on the women's; the total number of stoves required being twenty.

In order to produce a constant and sufficient warmth, which shall be at the same time attended with the least possible expense of fuel, the following has been found by experience to be one of the best adapted arrangements that have been invented. The stove with its mantle of brick-work must project so far forwards, as to be completely within the line of both the rooms on the ground-floor, which are to be warmed. The stove which is found to be adapted to the size of the rooms to be warmed, is only four feet six inches high, thirteen inches and one twenty-fourth in diameter, and three-fourths of an inch thick. The mantle also is but eight inches in thickness, its three sides projecting into the room, have each a breadth of four feet, and stretch up over the internal vaulting of the mantle, which is two feet wide, and eight feet high in the interior, to the ceiling of the ground-floor, and its front is divided by the partition wall separating the two rooms. From the thinness of the stove, and of the walls of the mantle, together with their prominence into the room, results the advantage that the room in which they are situated can be sufficiently warmed by the heat alone, which penetrates through the walls of the mantle. It is only therefore on particular occasions, that the valve closing the mouth of the pipe which supplies this, need be opened; so that all the warm air conducted by the pipe ascending from the roof of the mantle, may thus be allowed to flow in an undiminished

stream into the two rooms to be warmed on the second story. But, in order still further to increase the volume of the ascending hot air, the flue of the stove is likewise sent up through the air-pipe. The mass of heated air generated by this means being admitted by two pipes opening into the rooms above, is generally sufficient to warm them as much as can be desired. If however it fail in accomplishing this end, the greater part of the hot air issuing from the mantle of the stove, may be caused to stream only into one room, whilst in the other, which obtains the smaller share, may be placed a drum of plate-iron, through the interior of which the flue of the stove brought up by the warm air pipe is to wind round in a spiral direction. On emerging from the drum, which should be at least six feet high, and two feet and a half in diameter, the flue is made to ascend towards the ceiling of the room, and take a turn into the nearest chimney.

It is plain that one of the very great advantages attending this method of warming is, that it completely supersedes the necessity of fires up stairs; and consequently, as the rooms containing the stoves are throughout paved with flags, and moreover, are only accessible through doors of iron, the danger of the house being set on fire by the patient, is almost beyond the reach of possibility. In addition to this, the space between the iron doors and the stoves, notwithstanding that they project so far into the rooms, is so great that the trough containing the fuel and the fire irons are deposited in it, and thus neither the cleanliness of the gallery is compromised by the firing materials or by the ashes, which fall into a sufficiently deep receptacle of masonry under the stove; nor can any part of them be carried off and strewn about by the patients. The domestic building, the residences of the officers connected with the farm, and the director's residence are warmed by the usual stoves.

*2nd. The method of lighting.* The lighting of the ante-chambers of the first three divisions, which serve the purpose of day-rooms, as well as of all the galleries in every division of the establishment, is effected by means of argand lamps with reflectors, fixed in the most suitable places against the walls; at such a height as to be above the reach of the patients. When it is desired to light any of the single rooms in the three lower divisions, then, as has been stated before, a lamp of the usual kind is placed outside the room, near the small window above the door.

All the rooms in the higher divisions, where the patients are employed in the evening with manual occupations, in writing, reading, playing, &c., are lighted by chandeliers suspended from the ceiling, of a size proportioned to the extent of the circle to be illumined. The same object is attained in the saloons or general day-rooms, by a double lamp of the same kind, with two reflectors; and besides this several other similar lamps with metal reflectors, are fixed round the walls. The large day-rooms for the patients of the lower classes in the fourth and fifth divisions are also lighted by the same means, as are likewise all the galleries. Similar lamps are also hung up at a safe height in the privies, and one of them at least is kept burning in each gallery during the night. In the sleeping-rooms themselves, no lamps are regularly burned, except in those of the fourth division where mischievous or melancholy patients, or those who may be suspected of a propensity to self-pollution sleep; in which case the attendant keeps a night lamp burning in the railed-off apartment where he sleeps. Meanwhile, a similar necessity may also arise from the same cause, or from a serious attack of illness befalling any of the patients in the dormitories of the fifth division; and the attendants in all the divisions, must therefore be furnished with night lamps, which they may light in case of need.

As the smoke\* of these lamps is apt to oppress the lungs, and besides this, quickly tarnishes the neighbouring walls and ceiling of the room, an arrangement has been adopted, at least with respect to all the argand reflecting lamps hung against the walls, for carrying it off. This consists in placing over them a metal funnel, one foot in diameter at the bottom, and contracting upwards to an aperture one inch in diameter, where it runs up into a metal pipe of the same calibre; this, where it is practicable, is conducted to the nearest chimney; and if no chimney is near, is discharged through an opening in the wall into the air. The same contrivance is likewise adopted for carrying off the fumes of the oil, if circumstances allow it, in the rooms lighted by the chandeliers.

As it may readily be supposed that the lamps even in the fourth and fifth divisions, will be frequently injured by the patients, or at least that an immense number of the glasses will be broken; I may assure the reader, that so far as my experience in this institution is concerned, and it now refers to a period of nine years, any anxiety on this head is ungrounded; and that from the unremitting surveillance here exercised, a case has very rarely occurred in which a patient in these divisions has been guilty of any such misconduct.

The large courts belonging to the several patients' divisions, are illuminated by quadruple lamps with four reflectors in large lanterns fixed upon the summits of high posts.

The number of lamps in the galleries and in the halls of the three lower divisions, varies according to the length of these apartments. If the gallery have an extent of forty feet or more, a lamp is placed at each end; but if the length is not so great, a single lamp will suffice

\* Even the combustion of the refined rape-oil, commonly sold in the shops, is attended with a copious smoke, and gives rise to a considerable deposition of soot on the walls.



to light it. In reference to this subject, however, I must make the general remark, that in an hospital for the insane, those rooms in which the patients spend their evenings, ought to be very liberally supplied with lights; as it is an essential requisite, that the actions of the insane should be at all times subjected to a rigid inspection, and that no impediment should exist to the discharge of this important part of the attendants' duties. Hence originates the urgent necessity, in the erection of a lunatic establishment, of constructing all the rooms in such a way that every part of them may be easily overlooked, and that no dark corners or secluded recesses and passages should exist, which may be converted into hiding-places by the patients.

It is very probable that a general and competent lighting of the establishment, and of its immediate confines, might be more completely and aptly effected by the introduction of gas; and this would merit consideration in the planning of fresh establishments. At Siegburg, the introduction of gas was opposed by too many difficulties arising from the locality of the buildings; and I have not had sufficient opportunities of becoming acquainted with the advantages and disadvantages attendant upon this method of lighting such an establishment, to enable me to come to any decision as to its merit.\*

*3rd. Requirements for maintaining cleanliness.* The maintenance of cleanliness may be so much facilitated by architectural arrangements alone, that no further illustration is required to shew how greatly this object is promoted by the rooms and galleries adjoining each other, being every where well lighted; by the upper and lower stories being connected together, by wide well-lighted staircases, having no dark corners or passages for the concealment

\* Gas has been introduced into several English establishments, with decided advantage.—ED.

of dust and dirt; by the necessary precautions being taken to diminish as much as possible the impurities caused by the warming and artificial lighting; and by the cleaning of the day-rooms and lodging-rooms, being facilitated by coating the floors with paint, with which the walls of the three lower divisions are likewise covered to a certain height. Shoe-scrapers placed near the doors of all the galleries, and mats for cleaning the feet, &c., also greatly contribute to the furtherance of the same object. The provisions for personal ablution, and the washing of the linen, have been previously mentioned; so that we have now only two remaining subjects to consider under this head; viz: the provisions for the necessary supply of water, and the planning of the privies.

The supply of water required for the kitchen, wash-house, baths, cleaning of the rooms, and other uses, is conducted to the institution by the brook flowing through the premises. At that part of the stream where it approaches nearest to the buildings (in this instance on the north and east side, where it flows past, not far from the wall enclosing the courts of the fourth division, and the garden of the men's fifth division) the water is raised in sufficient quantities by machinery constantly in action, to such an altitude as to flow through pipes, to the various divisions of the establishment, as well as to the baths, kitchen, and other localities, where it is drawn off by stop-cocks, three feet from the floor. That it should be thus propelled into the second story is not needful, as all the water there used for washing, scouring, and so on, may be easily conveyed up every morning from the rooms below, and deposited in the large tub-shaped vessels, placed upon the washing-stands, for the use of the day. In every establishment of this kind, however, it is so exceeding important that the supply of water be sufficiently abundant to satisfy all the requirements of the establishment, and that the flow never be interrupted, that

the greatest attention should be devoted to the construction of the apparatus for supplying it, and to the preservation of the machinery in constant repair. If, as is here supposed, a stream exists sufficiently copious at all seasons of the year, it becomes superfluous to provide any thing beyond the forcing pumps, whose construction is by no means very complicated, and a line of pipes, which though of a considerable extent, is accompanied with few difficulties. Far otherwise, however, is the case when the establishment is situated upon a considerable eminence, and the whole supply of water, except the comparatively trifling portion of it obtained from the rain-water cisterns, has to be raised from a depth corresponding to the height of the hill. In order that the difficulties to be overcome under these circumstances may obtain their full share of attention, I shall take occasion to insert a computation of the quantity of water required in an establishment for two hundred patients, grounded upon an estimate recently made, rather in excess, for the Siegburg establishment. Relative to this estimate, however, I must premise at the outset, that if the directing physician should prescribe a more frequent use of the shock-bath, than has hitherto been the case at Siegburg, the estimate here given, would doubtless fall rather below the quantity wanted. The same would also result, if the beer consumed in the establishment were brewed on the premises.

*Computed daily supply of water for the Siegburg establishment.*

A. *The Kitchen.*

	awms.*	qts.	awms.	qts.
The large boiler 3 times full, 3 awms per boiler ...	9	0		
For soup &c., and the washing of vegetables ...	6	0		
Carried forward	15	0		

\* The awm is a Dutch measure, the contents of which appears by the number of gallons of water said to be required for the whole establishment in the conclusion of this statement, to be thirty gallons.—ED.

					awms. qts.	awms. qts.
				Brought forward	15 0	
For washing the utensils	...	...	...	...	3 0	
Scouring the kitchen	...	...	...	...	1 0	
					<hr/>	19 0

*B. The Bakehouse.*

On an average daily	...	...	...	...	0 15	0 15
					<hr/>	

*C. The Wash-house.*

For boiling the linen, averaging 1 boiler full per day					3 0	
The largest tub full once a week, averaging per day					2 34	
Further, two tubs for steeping the linen, in all					1 60	
10½ awms, averaging per day	...	...	...	...		
For drenching the linen, per day about	...	...	...	...	4 0	
					<hr/>	10 94

*D. Cleaning of the House.*

45 Male and female attendants require on an					13 0	
average 30 quarts	...	...	...	...		
First division for the men	...	...	...	...	4 0	
First division for the women	...	...	...	...	3 0	
Scouring these divisions on Saturday, 14 awms per day					2 0	
Scouring the remainder divisions on Saturday,					4 0	
28 awms. per day	...	...	...	...		
					<hr/>	26 0

*E. The Farm.*

For ten cows at 40 quarts per cow...	...	...	...	...	3 40	
Four horses at 30 quarts per horse	...	...	...	...	1 0	
For six asses at 20 quarts per ass	...	...	...	...	1 0	
For scouring and cleaning the utensils, averaging...					0 40	
Drenching the stables on Saturday perhaps about					0 30	
					<hr/>	5 110

*F. The Baths.*

The steam-boiler once and a half full daily for					4 60	
heating the bath-water	...	...	...	...		
Twenty common-baths	...	...	...	...	39 80	
Shock-baths	...	...	...	...	21 30	
Two shower-baths	...	...	...	...	2 66	
					<hr/>	67 116

Carried forward

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139 95

	Brought forward	awms. 139	qts. 95
<i>G. For the Officers.</i>			
On an average per day	... ..	4	0
Total amount of water required each day, or }		143	95
16,055 quarts = 4014 gallons. ... .. }			

In reference to the supply of water for the establishment here described, there is another subject to be mentioned, which could not be taken into account in the above calculation, but which is of the greatest moment in regard to the maintenance of cleanliness in all large institutions, or other buildings where a great number of persons live together; I allude to the privies.

The construction of the privies in this establishment resembles, that long since adopted in the English hospitals, but which, to the best of my knowledge, was first introduced into Germany in the new hospital at Hamburg. In this arrangement, when the person who has made use of the convenience, opens the door to depart, a painted brass pan situated immediately under the aperture of the seat, by a certain mechanism, is thrown into a horizontal position, and a strong stream of water at the same time projected into it from a pipe at the side, which completely washes it out; whereupon, when the door is closed, the pan regains its vertical position.\* The contents are expelled with the water into a drain which sinking downwards in a sloping direction, and uniting with the other drains of the same kind, terminates in a common sewer, which is discharged into the brook below the point where the water is taken up for the establishment.

Several essential improvements have been made in the construction of the water closets at the County Hospital at

\* The premises in Bethlem Hospital are supplied with water in this manner. The plan requires an abundant supply of water, as the opening and shutting of the door much more frequently, than is absolutely necessary, is almost sure to take place.—ED.



Derby, and have since then been introduced into many hospitals for the insane in different parts of Great Britain. These improvements indeed are so great, that no competent judges will deny the great superiority of this kind of water closet to every other in use; and especially, amongst the rest, to the "Fauche-Borellschen" apparatus, which, according to the most credible evidence, diffused wherever it was employed a penetrating excrementitious odour, and besides was accompanied with the great inconvenience that the removal of the soil, though in a somewhat different form, was after all to be provided for. To enter more largely into a detail of the various cloacal contrivances that have been invented, appears superfluous, as no other arrangement deserves to be put in competition with that to which I have alluded, not excepting the one contrived by Häberl, which, though certainly amongst the most meritorious, is at once very complicated, and in the recent hospitals at Munich, where it was put into execution under the eye of Häberl himself, falls far short of answering the end desired.\*

I have yet to remark in reference to the establishment

\* Häberl Fr: K. über öffentliche Armen-und Kranken-pflege, page 266 et seq., and 377, et seq.

Esquirol, (see *allgem. und spec. Pathol. u. Therap. d. Seelenstör. frei bearbeitet von Hille*) says that the general privies ought to be separate from the main buildings of the establishment, and that the patients should go to them through covered passages, open at the sides. But in these open passages the patients would necessarily be too much exposed to all the influences of the weather, in rain, snow, and frost, and too much isolated in the privies themselves, where a strict surveillance is greatly needed. That the attendants should always accompany the patients in their numerous visits to these distant privies, would be an injunction impossible to be complied with.

Dr. Esquirol's hint is however well deserving of attention, since it is no easy matter to keep the water closets of asylums in such good order as to prevent their being the occasion of offensive effluvia in the galleries or rooms. Every asylum must be provided with water closets within the building for occasional use; but privies should also be placed in every airing court for the general use of patients, who have access to the courts during the day.—Ed.

here described, that in the two quadrangles occupied by the three lower divisions, where the number of the patients is small, and some of these rarely, if ever, visit the privies, there is but one simple privy of the kind that has been mentioned on each side of the quadrangles. But in the two quadrangles for the fourth and fifth divisions, in conformity with the increased number of patients and attendants, each side contains two such privies near together, divided by partition walls of wood, and entered through separate doors. This is the case on the ground-floor, as well as in the story above, in order that the number of persons wishing to visit the privies at the same time, may never be so great as to cause any embarrassment. For the rest, it has been stated before, that these privies are every where situated in distinct apartments devoted to them, having their entrance near the washing places. The domestic building also contains a double privy of the same sort, at the side of the two staircases, both above and below.

To the provisions for the maintenance of cleanliness, appertain also those which have for their object the purification of the air in the rooms. It is self-evident that the best and most effectual method of airing the rooms, both here and every where else, is to keep the doors and windows open for a sufficient length of time. But when the windows and doors cannot be opened, or when too much air would be thus admitted, the purpose may be temporarily answered by the ventilators previously mentioned, fixed in the frames of the window panes, or by wind-wheels such as are generally used.

In now again referring more particularly to the architectural arrangements for the safety of the establishment, and the security of the patients, I must remind the reader in general of all that has been said on that head, in the description of the several divisions, courts and gardens, which need not be repeated here, though I shall add a few observations

which naturally suggest themselves relative to the same subject.

And indeed in the first place in reference to the walls enclosing the internal limits of the establishment. In conformity with the principle of avoiding every thing as much as possible which might remind the patients of a prison like confinement, it is desirable to remove these walls to a distance, or to throw them out of sight; and with this benevolent intention, amongst other instances, the founders of the so often mentioned Sachsenberg establishment, have surrounded the internal limits not with walls, but with quick-set hedges, which certainly very much improve the external appearance of the establishment. Still, I cannot approve of this plan, or consider it as worthy of imitation, not only because the safe-keeping of the patients in their many attempts to escape, which naturally arises from their inability to comprehend the expediency or justice of their forced detention in the establishment, requires such an enclosure as shall banish any anxiety, lest a patient should have either escaped, or met with some misfortune, if he be not precisely at the moment in sight, and thus allow them more liberty in this internal boundary; but also because, notwithstanding the number of the attendants, the interior of the house must be abandoned by the requisite police, if the exterior be not guarded by some efficient security. In all the more recent French and English establishments, therefore, the necessity of a secure enclosure has not only been recognised, in regard to the internal bounds, but in most of them, even the external limits of the grounds and parks attached to them, have been surrounded with walls; and I am certain that experience will likewise lead the talented director of the Sachsenberg establishment to a conviction of its propriety. As for the rest, the pains that have been taken in the planning of these boundary walls, to spare the feelings of the patients as much as possible, have been spoken of in their proper place.

In the second place, I will once more call to remembrance the imperative necessity of devoting the most anxious endeavours in the architectural arrangements, to deprive the patients, as much as possible, of every means of injuring themselves, and especially of indulging their propensity to self-destruction. This object is unhappily only attainable to a limited extent, as no contrivance can be invented which would completely disable a patient from seizing a moment when he might be unobserved, to inflict an injury upon himself, except by keeping him constantly confined in one of the cells for maniacs; and in the case of melancholy persons, or those who have hitherto given no signs of a propensity to self-injury, such treatment would not be proper. In any two or three minutes, when a patient so disposed finds himself alone, he may break the windows, and champ, and swallow the glass; or may cut open the salivary or sublingual artery; he may tie his neck and pocket handkerchiefs together, and hang himself on the bars which prevent him from leaping out of the window; or he may perform the same act from the upper edge of the door, if the wood be somewhat rough so as to give hold enough for such a purpose; or even, after blocking up his nostrils with paper, he may roll up his handkerchief into a ball, and thrust it so far down his throat as to choke himself in a few seconds. I believe, therefore, that no perfectly safe means can be pursued, with respect to those patients in whom the propensity to suicide has obtained a certain decision of purpose, but to submit them to the incessant, unremitting watchfulness of vigilant and conscientious attendants. A case recently occurred to me, in which I could only feel assured of preserving the patient's life, during the continuance of the paroxysm, by selecting two attendants, who should be constantly with him during the night. One of them remained with his eyes steadfastly fixed upon him, whilst the other slept in the same room,

ready at a moment's warning to spring up and render assistance to the watcher.

Finally, I have to mention, as means for protecting the buildings of the establishment,

*First*:—The electrical conductors which are placed over all the quadrangles, the domestic building, and the director's residence, at those distances, and with those intervening and conducting chains, which are required, according to the observations upon which this portion of scientific art is founded, for the protection of the buildings against the effects of lightning.

*Second*:—The provisions for avoiding the danger of fire, and the extinction of fire when it has broken out. The precautionary measures relative to the warming apparatuses have been already detailed. But besides these, further means have been adopted for protecting the buildings against the danger of fire, by separating all the sides of each quadrangle by party walls continued up to the roof, through which the communication with the attics is only carried on by means of doors covered with thick plates of iron. The instruments provided for the extinction of fire, are a large water engine; two small portable ones, which may be carried into the inner courts, and even if need be, up into the attics; fifty leather buckets, a fire hook, and other implements, which are kept in some of the out-houses already mentioned for that purpose. The large and small fire ladders are suspended near the other implements on the outside of the cow-house.



## CHAPTER X.

## SUPPLY OF UTENSILS.—BED FURNITURE.—TABLE SERVICE.

OF the utensils required in the establishment, those constituting the furniture of the rooms, baths, and wash-house, have been already noticed in the description of the several divisions, so that the following objects are all that remain to be noticed in this chapter, viz :—

The bed furniture.

The table service.

The articles used in the medical treatment of the patients, including the apparatus for compulsion and restraint.

*The Bed Furniture.*

The kind of bed furniture allowed to a patient, is regulated according to the nature and requirements of his particular state of mind; according to his earlier habits, and the class to which he belongs, on account of his pecuniary circumstances.

In determining the kind of bed-clothes for the patients of the three lower divisions, a regard must be paid to the reckless destructiveness and disregard of cleanliness, which, as a consequence of their insanity, so frequently prevails among them. Mattresses and pillows of horse-hair, or of similar materials, are destroyed completely with so much ease, and when wetted or dirtied, are dried and cleaned

again with so much difficulty, that they cannot be allowed to many of these patients. Their bedding will hence mostly consist of a sack of good straw, and a pillow; with two sheets made of very strong materials, and of one or more woollen blankets, according to the necessities of the season. The deprivation of rational comfort need not be carried further than this, and therefore ought not. At least during the nine years which the Siegburg establishment has existed, no case has yet occurred in which it was necessary to resort to those extreme measures, so frequently practised in many other establishments, of simply tossing in a bundle of straw to a raving or otherwise ungovernable patient, and leaving him either to lie down upon it half naked; or, as would most frequently be the case, to wallow in it like a beast, in a state of complete nudity, and pollute himself with his own filth.\* Such a proceeding truly can only be the result of defective arrangements, and still more faulty views. For certainly it is a much more suitable mode of treating such a patient, and much more agreeable to the exercise as well as to the support of humane feelings, to prevent him from destroying his bedding and clothes, and from pursuing his insensate career of madness, by a proper restraint in the use of his limbs, even to the extent of confining him down to his bed, and of only leaving him the power of turning from one side to the other, than to allow him, by constantly giving way to the manifestation of his disordered impulses, and by sub-

\* Dr. Jacobi refers here to the practice of placing loose straw on the floor of the room, and not to the placing of loose straw within a deep bedstead. After a trial of various methods, this latter plan has been adopted at the Retreat for the dirtiest class of patients. The straw is laid in the trough bedstead longitudinally, and is covered over with a sheet, which is tacked under the outer edges of the straw, the middle part of which is removed every day and the sheet cleansed. This plan has been thought to be attended with less offensive circumstances in the house, and to provide a more comfortable bed than that formed by a sack or case, in which the straw is enclosed, and is liable to be often disposed in an unequal manner.—ED.

jecting himself more and more to their dominion, to go on descending lower and lower in his alienation from rational habits.\*

As soon as patients who have been formerly accustomed to a superior bed, return to the observance of cleanliness, although their condition in other respects may require them still to remain in one of the lower divisions, they obtain mattresses and pillows of horse-hair, even should this improvement be of an altogether uncertain kind, and perhaps of but very short duration.

In the fourth and fifth divisions a difference prevails in the kind of bedding, regulated entirely by what the patient has been previously accustomed to, by his rank, and also by the class to which he at present belongs. Those who are entirely destitute of pecuniary means, and persons of the lowest classes, who have never been used to a softer couch, generally find what has been described as constituting the ordinary bedding of the patients in the first division, exceedingly good and amply sufficient; and it would certainly not be a

\* This plan certainly by no means counteracts the soiling of the bed with excrementitious matters. But the patient is much more easily brought back to a sense of cleanliness by it, if the attendant at the same time constantly reminds him of the subject, and endeavours to fix his attention upon it. Even if these efforts to restore him to a sense of decency are entirely fruitless, still humanity requires that the patient, if he be utterly bereft for the time of all better feeling, and of all consciousness, should be treated as if this condition were merely temporary; just in the same manner, as a person suffering in a Phrenitis, or a Typhus Fever. How very much, however, a perseverance in acting up to the spirit of this theory taxes, both our patience and our resources, may be gathered from the following statement. Not long since there were at the same time in this institution, six persons in the division for the maniacal patients, who were extremely dirty in their habits, and three of whom were afflicted with a constant diarrhæa, whilst their state in other respects obliged them to be continually in bed; so that in this division alone, for a considerable time there were wanted every week on an average 36 shirts, 36 pairs of drill trowsers, 20 pairs of stockings, 40 sheets, and 42 sacks of straw, independently of many single articles which were merely dried and worn again.

judicious plan to habituate such persons to a more luxurious bed in the establishment, than they would procure on returning to their accustomed lodgings, after their recovery. The sacks are always liberally filled with good straw; which, if no unusual want of cleanliness occur, is exchanged for fresh about every four weeks. Two sacks of straw may, if preferred, be very properly allowed instead of one, as two moderately filled sacks form a much more comfortable bed than one stuffed very tight, and the straw is more easily adjusted in the morning. In proportion to the coldness of the weather, and the necessities of the individual, he is supplied with one, two, or three blankets; and these are enclosed in a case of strong blue and white checked linen. The pillow has also a case of the same material.

The blankets are changed as often as they become dirty; the cases are exchanged for clean ones at least once a month; but all the sheets regularly every two weeks.

All the patients of the lower classes, who have been used to a softer bed, lie upon a mattress of horse-hair, and a pillow of the same, besides the straw bed and pillow. The other parts of the bedding are similar to those that have been described; as is likewise the case with respect to the patients of the higher classes; except that these have in addition, pillows stuffed with feathers, finer sheets, and fine white cases for the pillows; whilst the blankets also have white cases, instead of checked ones. Feather beds are only permitted for aged persons, or those who are already in a very delicate state of health; and quilts stuffed with feathers are allowed to none, but to those who have been formerly accustomed to them in cold weather.

The attendants, as well as the other servants of the house, obtain similar bedding to that allowed the patients of the lower classes; but they have, in every instance, a mattress and pillow of horse-hair. The accommodations for the male and female upper attendants, in these respects are uniform

with those of the higher classes; and of course those for the assistant physician and the clergymen are at least equally good. It has been noticed in a former chapter, that none but the higher classes of patients have wooden bedsteads; except the patients in the lower divisions, whose bedsteads, as already explained, are of quite a peculiar construction, consisting of oak boards fast screwed together; all the rest have bedsteads of iron.

### *The Table Service.*

The chief qualities which the table service for the general use of the patients in an hospital for the insane ought to possess, doubtless are, that it be not easily broken or bent; that it be of a suitable form, admit of being easily cleaned, and contain no noxious solder or deleterious ingredients of any kind, which might become loose, mix with the food, and be introduced into the stomach. Earthenware is too brittle; wood does not sufficiently answer the purpose of cleanliness, and tin is too easily delved. Iron, however, with a good coating of tin, is at once durable, not liable to bend, easy to clean, and not expensive.\* In fact it would answer in every respect, were it not that the clumsy, unthinking manner in which it is generally cleaned, so easily rubs off the tin coating. It is therefore necessary to renew the coat at least once in two years, which not only brings the inconvenience of frequently sending the vessels back to the manufactory, but also greatly increases the expense of the ware, and renders it needful to lay by a large stock, in order to avoid the embarrassment of a frequent scarcity. Not-

\* Earthenware in England where it is so cheap, is decidedly the best adapted to the general use of asylums, and under proper care will seldom be broken. In the *very lowest* department pewter may be advantageously employed, or for many of this class the tin can or porringer may be substituted for a plate, and a spoon for a knife and fork.—ED.



withstanding these inconveniences, it has been introduced into the Siegburg establishment, and has produced a conviction of its superiority to every other ware. We have therefore of this material, large soup-bowls and dishes, deep and shallow plates, and a species of porringer, holding about a pint and a half, out of which the patients of the lower classes take their soup; meat and vegetables being served to them on shallow plates; and lastly, the spoons and forks are also made of it. The forks are rather broad, and bent in the same manner that silver forks are generally made, but terminating in four prongs only about four lines in length, and quite blunt, so that any important injury can scarcely be inflicted by them. The knives, both blade and haft, are made entirely of steeled iron. The blades are rounded off from above to below, and are only sharp to the extent of about three inches in the middle, all the rest being so blunt as to present a flat surface of about an eighth of a line across; the object of this being to prevent the possibility of any dangerous wound being given with them.\* That the object desired is really attained by this conformation of the knives, will be readily allowed by every one who will attentively examine them. Roller,† maintains on the contrary, that this is not the case, and recommends the introduction of the usual knives and forks, alledging that they have never given rise to any accidents in the establishments at Heidelberg and Pirna, and that a fork like these above described was once brought by a patient to Heidelberg, and exhibited as an object of ridicule.

\* This kind of knife, and also a very short three pronged fork, were introduced into the Retreat by the late superintendent George Jepson, a great many years ago. This contrivance was introduced, to supersede the general use of the spoon; subsequent experience, however, has shewn that the common knife and fork may be used by the patients in general with safety, and these have now long since taken the place of the knife and fork originally introduced.—ED.

† Ibid, page 168.

Such an event certainly never occurred at Siegburg, and would be of no importance if it were. But on the other hand, it would be very hard to explain, how no risk of injury should be incurred by entrusting to a lunatic, one of the most dangerous instruments which can be put into his hands; and very difficult to justify the entire abandonment in this respect, of all those laws of prudence, the observance of which is so strenuously exacted in every other particular.

The wealthy patients of the higher classes have eating services of strong stone china, coffee-pots and tea-pots, of japanned metal, with china cups, as well as the usual glasses and decanters, for all kinds of drink; whilst the patients of the lower classes drink out of cups of tinned iron, holding rather more than a pint. The knives and forks for the opulent patients resemble those just described in every thing relative to their precautionary make, but the handles are made of box-wood. The table-spoons and tea-spoons, are made of a composition of metal resembling silver. All the patients, with the exception of the very worst in the three lower divisions, always sit down to tables covered with clean cloths; no difference existing in this respect, with regard to the rich, except that these have finer table-cloths, and are furnished with napkins.

## CHAPTER XI.

ARRANGEMENTS, APPARATUS AND MEANS OF ALL KINDS WHICH ARE  
USED IN THE MEDICAL TREATMENT OF THE PATIENTS.

IN the full sense of the term, every component part of the establishment should be enumerated under this head; as they must all unitedly combine to promote the great end of the medical treatment of the patients. In the narrower sense, however, we understand as pertaining to this head,—

*First*:—Those means and arrangements which, though distinct from medicine and food, still form a part of the common regimen of the establishment. These will chiefly have reference to the exercise of the bodily powers; to the introduction of various mechanical and artistic employments; and to the excitement, exercise, and regulation of the various faculties and energies of the mind, under the greatest diversity of form.

*Second*:—Those means which are strictly of a therapeutic character.

*Third*:—Those arrangements and apparatus which serve, in cases of necessity, to compel the patients to obey the medical directions.

*Fourth*:—Articles of food, so far as they become the subjects of medical prescription.

We shall confine our attention, in the present chapter, to the first class of means; and endeavour briefly to point out only the chief of these, their nature being such as to present them in almost endless variety of forms.

The opportunity which the establishment affords, through the medium of its gardens and extensive premises, both for recreation and corporeal exercise, from the simple walk, and the cultivation of flowers, up to a participation in the most laborious horticultural and agricultural operations, is to be regarded as beyond all comparison, the most valuable and important dietetic auxiliary in the medical treatment of the patients. As the majority of this description of patients labour under either a defective elaboration and distribution of the blood, an irregular activity of the abdominal viscera, or functional disorders of the skin, very variously modified, no species of employment is so universally profitable to them, as some one or other of the various labours of agriculture and gardening; provided that every one is directed to that species of occupation, which is the most adapted to his individual state. For amongst all the morbid conditions above mentioned, there is scarcely one which, if it be not complicated with far advanced diseases of certain important organs, such for instance as the heart, lungs, and so forth, or if the constitution be not already too much impaired, is not compatible with some species or other of garden and field work; and perhaps there is scarcely one for which some such employment would not be advantageous. For by far the greater number of these occupations may be looked upon, as especially powerful restoratives; partly from their own intrinsic virtues, and partly as co-operating with other sanative measures. A great share of the benefit derived from them ought very clearly to be attributed to the influence of the atmospheric air upon the general organism, which is certainly to be estimated as promoting their good effects in a very great degree. But besides these beneficial results, there is no other species of employment which calls for a more simple exercise of the understanding, or which engages the attention of such patients in a manner so suitable, without the excitement of any violent emotions; whilst at

the same time, neither is there any other in which patients of all classes may be so generally united, by a proper distribution of the kinds of work. For truly there are very few patients so completely deprived of sense, that they cannot be tutored to carry baskets of earth, stones, fruit, &c., in company with an attendant, or a more sensible patient; employments which are continually to be carried on in gardens and fields of such extent as we have described. So, also, there are but few who could not be taught to wheel barrows in a line with others. Those to whom the use of instruments may be trusted, may work with the spade or the hoe, or undertake the more laborious occupation of trenching the fields; whilst others again may clean the circuitous walks, and where it is needful, spread them with fresh gravel; follow the various employments of sowing, planting, hoeing, reaping, &c.; attend to the crops in the open fields, gather the fruit, prune the trees; and changing their labours with the different seasons, may prune the vines, assist in laying out fresh plantations, cultivate the flowers, or water them as often as they want it; carry fresh provender to the cattle, and perform many other useful services. The variety of these employments is so great, and the participation of all who are capable of engaging in them so general, that all appearance of compulsion is completely taken away; indeed, those who have not been able to observe for themselves, would scarcely credit with what facility the higher classes are induced to perform their share. During the winter, scarcely any opportunity of suitable employment of this kind exists for the latter; whilst a portion at least of the patients of the lower classes may be furnished with work the whole year through, with the exception perhaps of a few weeks. Even when the ground is frozen and covered with snow, twenty or thirty of them may be constantly engaged in leading dung or ashes from the large walled receptacles, where they are collected into the fields; which is doubtless infinitely better for their



health, than to allow them to sit all day long in their rooms.

These extraordinary advantages, for which, in the treatment of the patients, no other equivalent can be found, are conferred on every institution of this kind, by a surrounding estate of large gardens and fields under its own cultivation: these advantages also have a necessary and strong bearing upon the aggregate expenses of the house-keeping.

Another source of bodily exercise, and simple and useful activity, exists in the manifold domestic occupations; such as are called forth, on the one hand, by the cares of maintaining order and cleanliness in all parts of the establishment, and on the other, by the duties of the kitchen, wash-house, heating apparatuses, &c. As it is needless to go into any further detail on this part of the subject, I shall merely subjoin the remark, that the only domestic occupation of any consequence pursued by the male patients, is the sawing of wood for fuel, as six or eight patients on an average may be engaged at it for three or four hours every day throughout the year. This employment is also the more grateful, because it affords a suitable means for bodily exercise in winter to a part of the patients of the higher classes, even in the very worst weather, when they cannot walk as usual. The remaining household employments which can be carried on by the male patients, come very little into account, as means of bodily exercise; since three or four individuals will be sufficient for the whole taken together. It will therefore be readily perceived, that notwithstanding these employments are some times alluded to as matters of great moment, in the case of institutions possessing no other sources of bodily exercise, how very little importance can be fairly attached to them, as they scarcely deserve mention for a number of patients at all considerable.\*

\* There are some household occupations carried on in the sitting posture, upon which the patients may be employed in winter, when the weather

In reference to domestic occupation for the female sex, the state of things is exactly the reverse of that noticed as concerning the men. The cleaning of the house, the culinary labours of preparing the vegetables, washing up the table service, &c., and the duties of the wash-house, bleaching, starching, ironing, mangling, &c.; the mending of the linen, stockings, and all sorts of wearing apparel, with the needle-work necessarily attendant on the replacing of the worn-out articles of clothing in linen, woollen and cotton stuffs; and many other occupations, may daily employ so large a number of hands, that these are oftener deficient than the means of supplying them with work. It is only to be regretted that the major part of these labours affords no opportunity for vigorous bodily exercise, especially, in the open air; and that the females are limited in this respect to a little work in the gardens belonging them, or a little sawing of wood, or to some other work equally trifling as a source of muscular effort.

As regards the exercise of the mechanical arts, these again fall entirely to the male sex. The most apposite employments of this nature are without doubt, carpentry, and turning, with mat and basket work, list-rug making, and so forth. The two first mentioned operations are the most valuable, as they are pre-eminently calculated to call forth the activity of the body and mind, in a manner equally beneficial to many patients of this class; although from the nature

confines them within doors. One of the chief of these is the teasing of horse-hair from the mattresses; which supposing the half of 260 mattresses, and 260 bolsters are to be fresh stuffed every year, will give constant employment to a number of hands for several months. Another species of employment consists in sorting of different kinds of seeds. Relative to the latter operation, I may call to mind the proposition of designedly mixing together such kinds of seeds as beans, and peas, in order to let the patients reseparate them, which is an extremely proper engagement for highly imbecile patients, but improper for those of superior intelligence, whose feelings, were they to discover the trick, might be greatly disgusted.

of the case, the extent to which these kinds of workmanship are required is so limited, and the talents and inclinations of individuals vary so much, that there will never be more than a small proportion of the patients thus occupied; and for this reason, the employments last mentioned, or some similar ones, will be chiefly resorted to. Still even these will only admit of the accomplishment of the proposed object, with respect to a small proportion of the patients in a curative establishment. For as there are few manual occupations connected with useful trades, which can be carried on by the great mass of patients, who are incapable of any thing else; and as the few more able persons who attain the necessary expertness in the exercise of such arts, are generally the convalescents who will shortly be leaving the establishment, these operations are never attended with any real success in such institutions, but are always prosecuted with a degree of languor and indifference. Herein also lies the reason why no systematic manufactures have ever any great prosperity in an establishment for curing the insane; whereas, in a safety-house, or nursery establishment of considerable magnitude, where those individuals who have once attained proficiency remain a longer time, and such articles are selected for manufacture as may engage the services of a great majority of those patients whose reasoning faculties are already much reduced, they may be much more easily brought to a tolerable state of perfection. In the meantime, however, this circumstance is not to be regarded as a very lamentable defect in curative establishments, as it would be at complete variance with the object of cure in most cases, to confine the patients unremittingly to the same species of in-doors work; but the employments here referred to, are simply intended to fill up the working hours for a few months in the winter, or in unfavourable weather at other seasons; and this object may be perfectly well accomplished in general, though, perhaps sometimes rather

sparingly, by the means that have been just enumerated. This appears also to be the proper place for saying a few words on another subject nearly allied to the above.

It has been repeatedly recommended, as an excellent attribute of some recently founded establishments for the insane,\* that regulations are therein made that every patient of the working classes may continue to be employed at that trade which he pursued in his healthy state; and it has been especially celebrated as an excellence, that in these establishments, the shoemaker furnishes the whole supply of shoes, the tailor of all the work pertaining to his trade, the spinner the whole of the yarn, the weaver all the cloth and stockings, &c. ; so that in fact, the establishment beholds the whole of its inhabitants clothed and bedded with the products of their own industry; whilst those patients who have devoted their lives to the arts and sciences, to commerce, and public business, find here also a means of activity corresponding to their former habits. I cannot deny, however, that I consider this arrangement extremely censurable, and directly opposed to the objects of such institutions. In the treatment of the shoemaker, the tailor, the spinner, the weaver, the dyer; and so also of the scholar, the man of business, the artist, and so forth, there cannot in my opinion, be any thing more contrary to reason than, instead of withdrawing them from, again to chain them to those trades and occupations, the very pursuit of which has in so many instances, alone laid

\* And indeed of one more ancient, viz :—that at Saragossa, the inscription over the entrance to which, “*Urbis et Orbis*,” has been too often copied by authors, and exuberant praise at the same time lavished upon the establishment bearing this inscription, without any one, as it seems, taking the pains to examine whether any thing really praise-worthy exists, or ever has existed in it. I am however most credibly assured, that this establishment is in effect one of the most miserable anywhere to be found. At all events, I am fully convinced that its excellencies, if it really does possess any as an establishment for curing insane persons, do not consist in that which the eulogists of the above superscription have assumed to be such.

the foundation of those disorders, which, have led them into the establishment. Similar arrangements, as they are made subservient to purposes of economy and correction in jails, and houses of compulsory labour, cannot be introduced from the same motives into lunatic asylums; *as in these, every thing, and therefore employment also, must be regulated with a view to the restoration of the patients.* But even in regard to economical advantage, the employment of the patients in gardening and agriculture, carries its own recommendation; as it is really, though profit be not its primary object, no less productive of benefit to the establishment. Those patients too, whose circumstances have obliged them to follow these occupations for a living, may the more suitably prosecute them in the establishment; notwithstanding the influences of inclement weather, to which the farming population are exposed, there is no line of business which in itself so seldom gives rise to mental derangement.

To the dietetic class of means, for the bodily exercise and mechanical pursuits of the patients, appertain likewise those for recreation and amusement; in which the principal object is to combine free motion of the limbs, with agreeable employment of the mental faculties. One of the most valuable of these is the opportunity which the extensive premises themselves afford to the patients of rambling about in smaller and larger companies; and for the same purpose, several saddle-horses are kept for the use of the men, and some asses for the women, and a small open and close carriage for them to ride out in. The bowling-green, the play-room, and the play-ground in the open air, with its tilting yard, shooting pole, &c., as well as the cages and coops for various kinds of birds, rabbits, &c., by which the court yards are enlivened; the billiards for the men, and the nine-pin stand for the women, have already been mentioned as contributing to the promotion of the same ends.

Let us add a few words upon those means having a more



immediately psychical operation, which form part of the dietetic treatment of the patients. And but a few words it must be, as it is self-evident that the nature and objects of this work, will only allow those numerous and indispensable auxiliaries which must be at the command of the establishment, to be spoken of in general terms; and that every particular of this description which ought to be, as occasion requires, the subject of medical prescription, cannot on any account be circumstantially detailed; both because it would be foreign to our present purpose, and because such a relation would extend to an almost indefinite prolixity.

Amongst the means of stimulating, exercising, and strengthening the attention, the memory, and the judgment, in different grades, and to various extents, we may specify reading, writing, and the practice of arithmetic according to the most simple methods; as applicable to those patients whose understandings may have either been previously but little exercised, or in consequence of their complaint, reduced to a low standard; or in whom other medical indications may exist to stimulate in an especial manner the exercise of the particular faculties enumerated. In order, however, to execute this design, it is of course needful that the institution should not only possess the materials for such mental discipline, but individuals also capable of directing it, in accordance with the medical instructions. Further, for those patients who are possessed of a higher order of the intellectual powers here referred to, means must be provided for exercising them in geometry, mathematics, natural philosophy, geography, natural history, and their several branches; in farming and husbandry, scientifically considered; in ancient and modern foreign languages, and in translating from them. However, to obtain any successful results from these studies, in addition to the necessary books, maps, drawings, &c., there must be no deficiency of effective guidance and oversight; and

herein the medical as well as the clerical officers of the establishment are expected to render their assistance. With these pursuits is also connected the perusal of books in the various departments of science, and of works of a lighter and more entertaining character. The choice of books for individual patients must be constantly founded upon medical considerations, upon the difference in the mental cultivation of the individual, and the peculiarity of the morbid state in question. The collection of books belonging to the establishment, must be of sufficient magnitude to satisfy the requirements of every case that occurs.

In addition to all these, it is still further necessary that the means be supplied of stimulating, and engaging the imagination, the fancy, and the taste, by poetry, music, drawing, and painting. In reference, however, to these pursuits I need not enlarge upon the cautious discrimination of the state of the individual's mind, as regards its health, and of his susceptibility and talents, by which they must be regulated. Nor do the urgent necessity of admitting only single patients or small companies of them at once to such exercises, and the consequent impropriety of permitting an indiscriminate and general participation in them, as has been attempted in some establishments, require to be further insisted upon.

Still I must remark in this place, more especially in reference to music, though the same observation may apply to some other art, that the restriction in the participation in it alluded to, can only be enforced in so far as regards the actual practice of music, since sensibility to music is much more widely diffused than musical talent; and it is precisely in lunatic asylums that music, from the deep and varied effects which it is capable of producing upon the mind, promises to become a powerful, though it has hitherto been a sadly too much neglected, means in the treatment of mental derangement. Every one will coincide with this view, who

has had the opportunity of witnessing the exhilarating and animating effects produced upon a large company of such persons, by nothing more than the music of a song or of a dance, played on the violin or flute; and it is hence easy to estimate the effects which select pieces might produce in certain cases, when played upon instruments chosen according to the individual susceptibility and morbid idiosyncrasies. The usual wind and stringed instruments ought therefore to be procured in sufficient number, not only for the musical practice of single individuals, but for general use; and amongst them an Harmonica should not be omitted. One of the instruments the best adapted for exerting the desired effect, upon a large number of patients is the hand organ, with a number of changeable barrels, upon which may be played a series of tunes selected from the best composers, overtures, marches, dances, ballads, hymns, and so on. Every one of the attendants is thus enabled, at any suitable time, either in the house or in the open air, to execute in a faultless manner, many excellent pieces of music adapted to the time and the company; and moreover upon an instrument which every body delights in, especially persons of the lower classes, and which at the same time is sufficiently powerful for rooms of a large size, though it might be wished that the notes were somewhat softer, fuller, and rather less acute.

With music may also be occasionally associated the dance, when the time favours its indulgence; and there is something really affecting and delightful, on stepping in the evening into one of the large rooms of such an establishment, to find one's self suddenly introduced to the joyful whirl of merry dancers, though dancing only to the notes of a violin or clarionette.\*

\* In so far as it will probably be expected that I should take some notice here of theatrical performances, which have been introduced into many establishments, for instance at Aversa, Charenton, and as I am informed, recently also at Sonnenstein, not merely as an entertainment, but as a means of cure; I may state that

In the last place I shall notice divine service as a powerful auxiliary in the regulation of the mind in its higher relations. How divine worship is to be estimated in reference to lunatic asylums, is a question which must be decided partly by the effects which Christian worship (for of no other worship can the question be entertained,) is capable of producing upon its participators ; by the extent to which the insane may be allowed to partake in it, and the influence

I have always regarded the introduction of theatrical performances into lunatic asylums as something unfit and incongruous ; and have never been able to convince myself that their operation upon the patients will not rather be injurious than beneficial. If the object proposed by the representation of certain passions, absurdities, perversities and follies, personified in the pieces brought out, be to work upon such patients as are themselves, by the influence of disease, the image and counterpart of the same passions, absurdities, &c. ; and if it is hoped by such means to bring these persons to a perception and recognition of their own derangement in the above relations, as such ; still it is manifestly forgotten, that the audience consists entirely of lunatics, and the whole proceeding becomes parallel to that of attempting to drive away madness by discoursing on rationality, which universal experience proves to be labour thrown away. If, however, amusement simply be the end in view, then there are many ways of compassing this by means more pure in themselves, more safe in their effects, and less likely at the same time, to stimulate and foster vanity, envy, and other discordant feelings. The same remark also holds good, when the intention of these performances is to exercise or excite certain of the mental faculties, as the attention, the memory, &c. ; or even to withdraw for a moment the assembled patients from their hallucinations, as all this may be accomplished by many other ways, as completely as by the one we are now speaking of. But in short, the entire idea ought to be utterly abandoned in principle ; except, in the first place, in those countries where the gifts of representation and mimicry, and the interest felt in them, are so generally prevalent as they are in Italy and France, in which countries even most lunatics, during the actual continuance of their insanity, are, to a certain extent, acting a theatrical part : and in the second place, in establishments receiving a greater proportion of patients of the higher and educated classes, as the Institution at Charenton. But in German establishments, especially those in which most of the patients belong to the lower classes, an undertaking of this nature will scarcely ever be followed by any successful results ; or at all events, will be confined to the erection of amateur theatres, in institutions for the reception of wealthy patients ; and within these bounds may they ever remain confined !

which it is likely to have upon them. As this is by no means the proper place to enter upon a lengthened examination of this question, I shall therefore limit myself to expressing the conclusions to which I have been led, both by my own experience, and by that of many German as well as English physicians, who have devoted themselves to the subject of insanity. \* This experience authorizes me to declare, that no man has any right to question the existence in the minds of the great majority of lunatics of a susceptibility to religion, and of a feeling of need to be frequently occupied with its subjects, and engaged in its practices; that it is important and of an unequivocally beneficial influence not to allow the impressions of true piety to become extinguished in the minds of these patients, but on the contrary, to seize hold of even the faintest traces of religion, and to convert them, as much as possible, into agents in their recovery; that impressions made upon the religious consciousness of insane persons, and particularly of those who are in a convalescent state, may be made available as a powerful means of inducing them, on re-entering into their former social relations, to avoid those moral deviations which have been instrumental in bringing on their derangement; and that when the means of preaching, of general worship, of the communion, and the singing of spiritual songs, in company with the organ, &c., are wisely employed for this end by skilful men, with the proper exclusion of all individuals who are either totally unable or unfit to participate in such ceremonies, they neither threaten, nor, according to our hitherto experience, have

\* It is of course to be understood that the opinion of those physicians who regard all worship as of no avail, or as a piece of mummery well calculated, according to circumstances, to terrify the weak-minded, but to do much harm if the farce be carried too far, is here passed by in silence. For the rest, I refer the reader to the often-mentioned work of Roller, (page 260, &c.,) where the opinions of many authors on this subject, are collected.



ever been known to occasion any injurious consequences. On the contrary, it has been invariably found, in all those lunatic asylums where a regular system of divine service has been introduced, that its general effects upon the minds of the patients, and even of those who may be anything but keenly sensible to religious impressions, are of a tranquillizing and alleviating character; though these effects may be solely owing, in many cases, to a vague revival of obscure coincidences with their former habits of thought and life, or to the feebly awakened recollection of joyful religious holydays in early life. In those establishments where the days set apart by the Church for divine service, are merely devoted to idleness and good fare, they are on the other hand universally attended with disadvantageous effects.

In accordance with these views, then, our establishment is provided with every thing pertaining to the encouragement, support, and promotion of religious feelings, and to the ordinances of religion; with a spacious and well-arranged chapel, with all the appurtenances of the church service; and a sufficient number of copies of the Holy Scriptures, and other carefully selected works on religious subjects. And at the head of these are not wanting conscientious and pious ministers, who, animated themselves with the spirit of Christianity, possess also the gifts of kindling and cherishing the dormant sparks of religious feeling, though presented under circumstances so difficult as those in which they are here involved.

## CHAPTER XII.

MEDICAL MEANS IN THE STRICTER SENSE.—APPARATUS FOR IMPOSING RESTRAINT AND COMPULSION WITH A VIEW TO SECURITY, CLEANLINESS, AND OBEDIENCE.

THOSE means of a more strictly medical character which the establishment has to provide are the following:—

*First*:—Pharmaceutic means. In reference to these the question may be proposed, Whether the establishment should possess an apothecary's shop of its own, and undertake the dispensing of the medicines itself, or whether it should contract for the delivery of the needful medicinal remedies with some druggist in the neighbourhood? Those physicians who undertake to cure the diseases that present themselves in lunatic asylums by methods, as they pretend, purely moral; or those who consider the so-called psychical diseases, as specific complaints of such a nature as to require certain specific remedies to combat them, and of these remedies, perhaps think it necessary to keep a dozen or two at hand; or lastly those physicians, who, taking an intermediate course between the two former, refer every thing to the energies of nature and to chance, except occasionally exhibiting a purgative or an emetic, would find little difficulty in deciding in favour of a private dispensing establishment. Those physicians, on the other hand, who believe it to be an established truth that mental derangement only appears as the accompaniment and result of an almost endless series of bodily complaints, especially chronic ones, which require for their removal and that of the insanity, a perfect command of every means recognised by medical science

as possessed of therapeutic virtues, will never rest satisfied with any thing short of a completely furnished dispensary, to which they may have recourse in every case that comes before them. But it will readily be perceived that the maintenance of a compounder and of a private dispensing establishment, furnished in so complete a manner, for a number of persons so comparatively small, will be attended with very great expense, and that it will therefore be a much more economical plan, if opportunity serves, to contract for the delivery of the medicines with a druggist in the neighbourhood. The distance, however, of such druggist ought not, for obvious reasons, to exceed a few minutes, or at the very highest, a short half hour's walk from the establishment, otherwise the fitting up of a completely furnished private apothecary's shop must be taken into consideration. The establishment at Siegburg contracts for the annual delivery of medicines with a druggist in the neighbouring town, both accuracy and punctuality in the delivery being thus secured. as well as the financial advantage of the institution.

*Second*:—Baths of different kinds. The common warm and cold baths form a part indeed of the dietetic means, and are used in the establishment every day as such; but they must also be mentioned again here, as means of cure, their construction having been described in another place.

*Third*:—An electrical machine of sufficient power for producing medicinal effects, and furnished with every thing pertaining to its use, as well as a complete apparatus for galvanization.

*Fourth*:—A revolving chair such as is described by Hallaran, \* but with the essential improvement obtained by sub-

\* Hallaran, Practical Observations on the Cause and Cure of Insanity. Cork, 1818, p. 88, 89. A plate of the revolving chair of Hallaran, as well as of most of the instruments of coercion either proposed or actually employed, may also be seen in the work before alluded to of Guislain, *Traité de l'Aliénation Mentale*.

stituting for the very objectionable seat in his apparatus, a well padded refractory chair, which is fixed upon a strong wooden disk revolving close to the ground, and to which the patient is strapped down when the operation is performed.

The rotation may be performed at a quicker or slower rate according to circumstances ; and when such rapidity is purposely intended, may be accelerated to a hundred revolutions in a minute ; but this is the utmost velocity that can possibly be needed. The refractory chair is, beyond doubt, not only more suitable for these cases than the seat recommended by Hallaran, but also to the drilling seat which has been elsewhere proposed, from the unpleasant associations connected with it.

An apparatus for revolving the patients in a horizontal position is not possessed by the establishment, on account of the danger accompanying its employment, although its superior efficacy cannot be denied. Indeed the effects of rotation in the sitting posture, as performed in the apparatus of Hallaran, are much more insignificant than those generally ascribed to it by persons practically unacquainted with it. There are but few patients who feel any considerable effects at the expiration of a few minutes after the operation is finished, when two or three hundred revolutions have been performed in rapid succession ; and though sickness occasionally supervenes, it is very seldom followed by vomiting, and I have never yet seen a case in which sleep was a consequence of the rotation.

The establishment has likewise just as little need of the turning bed as of the hollow wheel. Even supposing no danger to be connected with the employment of the latter, still there are very few cases in which it promises to be of decided benefit. And it is certainly very much to be wished that physicians would abstain as much as possible, in their treatment of disorders accompanied by insanity, from the use of those auxiliaries, which are not employed in the

treatment of other disorders; and in an especial manner from the use of those fanciful instruments and appliances, so many of which have to thank for their origin, the theories and conceits of physicians during the last twenty or thirty years. Indeed, now that the practice is becoming more general of treating insanity, according to the more enlightened views at present entertained on the subject, these fanciful measures,\* along with the incorrect theories in which they originated, ought to be consigned to a merited oblivion.†

At the close of this section, we shall now proceed to notice the apparatus required on the one hand, for so restraining the patients in the use of their limbs and bodily powers, as to prevent them from injuring themselves and others, and on the other, for subduing their refractoriness or turbulence, when it becomes needful to compel them to

\* Amongst these I also include the so-called bath of surprise, as well as the contrivance by which the patient, whilst secured to a chair, was drawn up to the ceiling of a very lofty room, such as a church. For though cases have unquestionably occurred in which the patient had been held under water, in the bath alluded to, till he was really in danger of drowning; and in which the poor wretch, suspended under a lofty arch, had been left to swing for a long time in an agony of terror; has been followed by very observable, and sometimes perhaps, good effects, still, independently of the cruelty of the proceeding, who does not shudder at reflecting on the very easy possibility of his being, in the one case, actually drowned; and in the other, by some oversight in the mechanism, precipitated from his high station, and dashed to pieces on the floor.

† I can hardly refrain from saying how heartily I unite in these remarks of Dr. Jacobi, as to the use of those alarming and empirical experiments on the persons of the insane, to which he refers,—and I venture to express a serious doubt as to the propriety of permitting those powerful means of inducing physical or mental suffering, which are in the hands of the physician, to be used as ordinary means of suppressing the expression of violent excitement. Indeed the question of to what extent the restraint of excited feeling is desirable, is one by no means accurately determined. I believe that in some cases where powerful means of suppression have been used, the application has been scarcely less mischievous, than the system of terror by which ignorant nursemaids suppress the expression of the pains and fears of their tender, and often nervously susceptible charge.—ED.



submission, to medical directions or to the rules of the house. All the coercion applied in a lunatic establishment should be directed to the attainment of these objects and no other, and should be enforced so as to cause the least possible pain and irksomeness to the patient, consistent with the full and perfect accomplishment of the end in view.

In order to subdue and render harmless both to himself and others, a violent, mischievous, and intractable patient, or one whose madness impels to the commission of dangerous and turbulent deeds, and for whom confinement in one of the rooms of the lower divisions does not afford adequate security, many kinds of apparatus are employed.

One of the most excellent of those instruments which are used for mechanically restraining the patients in the use of their limbs, whilst they still retain the power of moving from place to place, is that which goes under the name of the English strait-waistcoat. A minute description of this article is not needful, and I shall merely remark, that a dozen\* of them should always be at hand, for the male and female patients respectively; and that they should be of different sizes, as it is an essential requisite that they should fit the person of the patient, that is, they should neither be too narrow, so as to cause too great and unnecessary inconvenience; nor still less, should they be too large, particularly in the shoulders, as it is then almost impossible duly to apply the intended degree of restraint. These waist-coats are usually adapted to persons of the middle size, and this uniformity in their dimensions sometimes gives rise to great embarrassment, particularly in confining young persons and small females, who often possess such an incredible pliability of body, as to be able by contracting their shoulders, to make themselves so narrow that they can disengage them-

\* This number, though somewhat large, is necessary on account of the changes required for keeping them clean, and on account of their being so easily torn.

selves from almost any waistcoat that can be applied. Whilst the natural carriage and proportions are preserved, the waistcoats appear to fit so tight and close that no further constriction seems possible, but by the above manœuvre they become suddenly so loose, that the patient is again at liberty to follow his own inclinations. Hence the strait waistcoat is the most suitable for rather firm built persons, who have passed the stage of mere youth, as their strength is always sufficient to bid defiance to the most violent efforts of mania, and it is only in the case of persons possessing a certain pliability and slenderness of make, that they do not answer the purpose to the full extent.

Amongst the stock of strait-waistcoats provided in the establishment, are also several made in the same manner as those which are so frequently seen in the French asylums. In this kind, the inner sides of the sleeves are firmly sewed to the lower part of the waistcoat, and have strings in loops at intervals for the purpose of drawing them tight. The sleeves are no longer than is required for the arms when hanging down in the usual way, at the sides of the body ; this position forming the standard for the length of the waistcoats, which are the more secure the deeper they reach downwards. In other respects, it will be readily seen, that the species of strait-waistcoat last noticed, permits less movement of the arms than the English ones, which always leave room for a certain movement of the arms up and down over the breast. At the same time it should not be forgotten, that if the French waistcoats are kept on a long time, their greater tightness is productive of much more oppression to the patient. However useful this waistcoat may be, there are still further disadvantages connected with its employment. Additional notice will be taken of some of these as we proceed ; but there is one which has already attracted the observation of several other writers, and I shall mention it here. This consists in the free escape of the perspiration being

prevented by the thickness of the stuff of which these tight fitting waistcoats are generally made; and hence with those patients in whom the cutaneous system is particularly active, great heat is generated, and their uncomfortableness thereby much increased. Many other patients again become bathed in such an excessive perspiration, caused by their violent movements, that not only are the parts of the dress under the waistcoat, but the waistcoat itself is also completely wetted through, and thus originates a fresh source of uneasiness.\*

In order at once to obviate these and some other accompanying evils, and to enforce coercion, when circumstances allow it, in a manner both less irksome to the patients in the endurance, and less troublesome to the attendants in the application, recourse may be had with advantage to a leathern apparatus contrived by Hallaran, by which the arms are secured to a broad body-belt. A delineation of this apparatus may be seen in Guislain's work previously alluded to.

Another serviceable apparatus by which a similar restraint may be imposed, consists in the sleeves described by Knight. These are made of the strongest cow-hide leather, and reach from the shoulders to the ends of the fingers; and are fastened together by two pairs of straps passing over the shoulders and breast, and two other pairs passing across the lower part of the back and the lower part of the abdomen. Another pair of straps is fixed to the extremities of the

\* In the hands of judicious persons, the strait-waistcoat is a valuable apparatus; but in the hands of another class—rash, ignorant, and injudicious, (and who knows not how many of this class fill the office of attendant?)—it is liable, from the too tight drawing of the ligatures, to be an instrument of great torture. I speak here of what I have seen. It is, I have no doubt, this liability to abuse, which has led to its entire exclusion from several modern asylums; and there can be no doubt that the body belt, with straps attached to the arms is, wherever it will answer the purpose, a decidedly preferable mode of restraint.—Ed.

sleeves, by which, when the patient has introduced his arms into them, they are fastened, by means of buckles, to another pair of leather straps two inches wide, fixed likewise by straps and buckles on the lower part of the thigh, as being the region to which the hands reach in their natural position.

A still slighter degree of coercion is effected by the fist gloves or muffs, also described by Knight. These are immovably attached to the wrist, by means of a kind of hinge and an English serew-lock. By means of these hinges, the leathern muffs are fastened to a belt six inches wide, encircling the loins, and the ends of which are buckled together at the back. Plates of the latter apparatus may be seen in Knight's *Observations on the Treatment of Mental Derangement*.\*

In all these leathern implements it is very important that the materials and the sewing should be of the first-rate quality and strength. I would also recommend that the straps which pass over the shoulders, should be broader than they are usually made, in order to protect the internal clothing; as many patients, when they are prevented by their fastenings from reaching any thing else, will bite the shoulder pieces of their coats and shirts, which they have an incredible expertness in seizing hold of. The strait-waist-coats are so easily pushed off at these parts, that they avail very little towards preventing the abuse. An iron band may also connect the edges together behind.

Many patients of this class are also addicted to the habit of gnawing and haggling the clothes of others with their teeth, when they can reach them. Strong precautionary measures must be taken to counteract this propensity. The most effectual means, under such circumstances, is a mask something similar to those used in fencing. It is made of

\* Beobachtungen über die Ursachen, Symptome und Behandlung des Irreseyns von P. S. Knight, übersetzt von Fr. Engelken Coln bey Schmitz.

strong wire-work, and covers the whole of the face and upper part of the head, and has a neck-piece of iron softly padded and covered with leather. The ends of the neck-piece move upon hinges, and overlap each other behind; where they are perforated, so as to be fastened at the nape of the neck with a small padlock.†

With these instruments of coercion, then, we are sufficiently prepared for all those patients who may be suspected of violent inclinations, but who may still retain the power of moving about from place to place, though it be to a limited extent; and in many cases they prove exceedingly appropriate. Still it must be remembered, in connexion with these implements of confinement, that independently of the intended restraint, and the heat before noticed as being occasioned by the application of the strait-waistcoat, they are additionally oppressive to the patients, as they neither leave them at liberty to scratch nor rub themselves, when they wish to do so, nor to blow their noses, nor help themselves when they wish to make water or go to stool. If they are able to inform the attendant, and claim his assistance in their necessities of this nature, all is well. But if from the influence of their mental disorder, they neglect to do this, and renounce all cleanliness in their evacuations, which is so common a feature in many of those patients with respect to whom the coercive measures we have just mentioned come into operation, then other means must be adopted; as it is not practicable always to have a sufficient number of garments and of hands in readiness, to keep a large number of such patients constantly dry and clean. In fact such an endeavour

† A female patient, whose incisor teeth were very sharp, and who had this propensity to bite, made holes, two separate times through the clothing of all the patients in the same room with her, one after the other, whilst her attendants, being otherwise engaged, happened not to be observing her. There are instances also, in which maniacs snap about them in a highly dangerous manner. For these cases, the wire mask is a very suitable means of protection.



would in numerous cases be both too laborious and even too dangerous in the case of maniacal patients, on account of their refractoriness and violence; whilst at the same time, even the most willing and assiduous attendants would be wearied by the slavish drudgery of waiting on a circle of such patients, if they were subjected to the necessity of changing the shirts, trowsers, coats, stockings, and shoes of every one of them six, eight, or ten times during the day.\*

There is no better resort, in cases of this character, than the refractory chair,† by securing the patient to which he is at once kept defenceless and clean. As these chairs are sufficiently well known, and have been often enough delineated, a minute description of them is not needful, and I shall simply bespeak attention to the following points:

*a.* The chair should be of the strongest workmanship, so that the joints should be capable of offering an extraordinary resistance, since it is incredible with what violence many maniacal patients will convulse themselves upon it.

*b.* The back and sides as well as the seat should be carefully and stiffly padded, in order to diminish, as much as possible, the force of the pressure and concussion.

*c.* The board constituting the seat should be at such a height from the floor, that the patient may never be able to touch the floor with his feet. If this be neglected, he ac-

\* It will of course be understood, that in all the species of restraint which we have hitherto described, care should be taken that the patient be not able to loosen the fastenings. When there are several patients at once under coercive discipline in the same room, another point also claims the vigilance of the attendants; namely, to see that those who have their mouths and hands at liberty, do not set free their companions; a thing they are exceedingly prone to attempt, and one that might, under some circumstances, occasion serious mischief.

† That is, a chair for the purpose of confinement, with an aperture in the seat of greater length than breadth, and a closet underneath, shut by a door behind. In this closet is placed a sufficiently wide and deep vessel for receiving the excrements, which must be removed each time, immediately after the patient has evacuated them.

quires so much purchase as to be able to shake and rock the chair from its place, and the friction produced by these struggles soon rubs off the skin from those parts of the legs which are bound to the lower part of the chair, whereupon severe inflammations and irritable ulcers are but too easily induced. To prevent these consequences, there must either be a step attached to the chair, upon which the patient may rest his feet, whilst his legs are fastened to the sides by broad well padded straps passing round above the ankles, or his legs must be extended upon a kind of stool fixed in front of the chair, to which it is a particularly useful appendage, when the legs and feet have a tendency to become œdematous.\* These additions, the stool and the foot-board, the last of which should be as broad as the chair itself, being fastened to the chair by strong iron cramps, give it such an extensive ground surface, that the patient is utterly unable by any efforts, however violent, to move it from its place, much more to overturn it. It may further be observed, that when it is necessary to confine wealthy patients for a length of time upon such a chair, more on account of their dirty habits and indiscriminate destructiveness, than any ungovernable violence; it is easily practicable and might not even be unsuitable, in many cases, to have the chair constructed in a more elegant form, and made of cherry-tree or mahogany wood, whilst the padding may be overlaid with fine Russian leather. If these refractory chairs are properly constructed, they are so safe, and universally

\* I would submit, that the step or foot-board is decidedly better, as a general provision, than the stool; but there is no difficulty in having a loose stool made so as to attach securely to the chair when required. The horizontal position of the lower extremities, whilst the other part of the body is erect, or nearly so, is far from an easy posture, for any considerable length of time. The upper part of the stool should have a slight declination from the front edge of the chair; and care should be taken that the stool and chair are exactly on a level where they unite together. It is the advantage of the moveable stool, that a change of posture from the horizontal position of the legs can easily be made.—ED.

applicable, that patients may spend the greater part of the day in them, for weeks and even months together, without any injury to their health, provided the caution be observed of leading them about every day, for half an hour or a whole hour,\* and carefully examining them each time, to discover whether any rubefaction or excoriation has arisen from the pressure, and if so, to take the necessary steps for its removal.

Most of those patients, however, with respect to whom these coercive measures are brought into action, require them to be applied not only in the day but also in the night, that is, whilst they are in bed. In their nocturnal application the great desideratum is, that the patients may be adequately secured upon their beds and prevented from destroying the bed-clothes, but yet retain so much freedom of motion as to be able to turn themselves on the left side and on the right, to push their bodies a little higher up or lower down; in short, to change their position nearly, if not quite as much as healthy persons find it necessary to do, without being able to rise up and leave the bed. One of the best instruments for accomplishing this object is that described by Tuke.† The same purpose may also be effected in a very simple manner as follows:—A pair of well padded ankle straps (though without the connecting strap,) are passed round the arms over the strait waistcoat, or whatever else may have been the apparatus of confinement in the day-time, and to these, strong leather loops are attached, so that when the patient is laid upon the bed, he is bound down by leather straps with buckles on the ends, passing through the loops, and also through apertures in the lateral boards of the bed-

\* This precaution appears to be most important, and I believe that loss of power over the limbs, in a greater or smaller degree, not unfrequently occurs for want of attending to it.

† See my *Sammlungen*, Bd. I. See also the "Description of the Retreat near York," by Samuel Tuke, page 165.

stead. The straps are then buckled with a degree of tightness commensurate with the coercion which it is intended to apply. In the case of many patients who are rather in a state of dementia than of mania, it is often sufficient to pass a strap over the region of the breast, another over the lower part of the abdomen, and a third across the feet, without fastening them to the clothing or any other apparatus of restraint.

All these means of coercion are unhappily accompanied with the unavoidable consequence, that if the patient be so far lost as to be either unable or unwilling to pay attention to cleanliness, and have an evacuation from the bladder or bowels in the night, he is obliged to remain till the morning in all his impurity. The unpleasantness arising from this situation is but little if at all diminished, where the bed, mattress, or straw sack, has a funnel-shaped aperture in the region where the lower parts of the patient's back will be applied, because, as he pushes himself about in the bed, a very small portion either of the water, or of the feces will escape through it.\* The only remaining alternative, therefore, is that the

\* Esquirol proposes, in the work previously referred to (*Bearbeitung seiner Pathol. u. s. w. von Hille*), that the bedsteads for the unclean patients should be made with a double bottom. The lower bottom is to be strongly made of wood sheeted with lead, and inclining from the head to the feet; and at the lowest part, is to have an aperture through which the urine may flow, and be received into a vessel underneath. The second bottom, two inches above the first, is to consist of a frame with girths stretched across, to support the straw and other materials of which the bed is composed. Whatever deference, however, is most justly due to every opinion of Esquirol, we must not be induced by the greatness of even his name, to comply with this proposition. For who does not instantly perceive, that this complicated bedstead is calculated, in every particular of its conformation, very soon to become a receptacle of inextinguishable filthiness, and a source of insufferable foulness in the air? Not only would an incrustation of sediment from the urine be speedily formed upon the lead, but the feces would become indurated in the crevices between the lead and the wood of the first, and the frame or grates and girths of the second bottom, and a very small share of either find its way through the round orifice into the vessel below.

patient be carefully washed or bathed in the morning, and the bedding either dried or exchanged for clean, according to circumstances. Happily, however, the cases in which such a binding down to the bed is required, are not very numerous; though cases in which the bed is soiled during the night, especially with urine, occur very frequently.\*

But the most mournful cases, and the most oppressive in reference to attendance, are those in which such unclean patients, in a state of mania or mental destitution, are constantly confined to their beds, by certain morbid conditions of the body,—weakness, paralysis, wounds, and so forth. And the last step of misery arrives, when first chafing sores, then gangrene and gangrenous ulcers, appearing in different parts of such individuals; and the unhappy patients unable, either to sit up or to lie down, without increasing their sufferings, continue unbroken their career of raving opposition to every thing that might alleviate their torment; until, after lingering for many a long week, death by the slowest and most gradual decline only puts a period to their

\* In the Siegburg Establishment, at the end of November 1833, there were only five out of two hundred and two patients, whom it was necessary to confine upon their beds, and that in most cases, but slightly. These five, and seven others, it was necessary to restrain in the use of their arms and legs, by coercive means, in the day-time; three of them had to be confined in the refractory chair. At the same period, there were eighteen out of the number above specified, who were in the habit of soiling their beds and clothes with urine; and of these, seven also added the evacuation from the bowels. Of these eighteen patients, however, eleven were decidedly incurable, and were only retained in the establishment by a perversion of its objects; so that it may be assumed, that the number of dirty patients would have amounted only to seven or eight, supposing the institution to have contained none but those who were objects of its curative discipline. The number however of unclean patients, can only be kept thus comparatively small, by the most appropriate arrangements, and the exercise of great vigilance and attention. As soon as the vigilance of the oversight is relaxed, and the patients are left to their own ways, so soon will the number of the dirty be speedily, not only doubled, but increased three-fold.



agony, when the last spark of vitality is exhausted. In cases like these, we can only endeavour to mitigate their inexpressible wretchedness, without much relief being afforded, by the most assiduous labour and care.

In conclusion, I may notice, as a very useful and effectual apparatus, especially for refractory patients, the coercive basket; in which the patients are laid upon a narrow straw sack and pillow, and are tightly laced in.

## CHAPTER XIII.

GENERAL PRINCIPLES OF DIET FOR THE INSANE. ON THE PROCURING  
OF THE VICTUALS.

BEFORE proceeding further, we shall devote a short space to the remarks which must be made on the dietary of the patients.

These remarks however, must be confined to the statement of a few more general principles, which shall comprise the whole subject in the aggregate; as the particular details will depend in a great measure upon the local situation of the establishment in question, as well as on the soil, climate, and customs of the country.

As a guide to these general qualities which the food ought to possess, I may lay down the following rule: the food must be regulated by the consideration that the large majority of its consumers are persons affected with a great variety of chronic disorders, in the treatment of which every thing that may in any degree be conducive to sanguineous congestion in the head and chest, should be avoided with scrupulous care, and the stomach and bowels be kept free from over distention with food or accumulations of fecal matter. At the same time, it must be borne in mind, that a great proportion of those for whom the food is intended, are more or less continuously under medical regimen, and that the operation of the medicines should not be interfered with or counteracted by the food. Their provisions should therefore be invariably simple, easy of digestion, and sufficiently nourishing without being too bulky;

they should neither be too rich nor heating, but yet not such as to cool the stomach nor inflate it with wind. These qualities indicate as the most suitable kinds of food, broth of peeled barley, grits of rice, meal porridges made with water or milk, mulled beer, boiled fruits, easily digested vegetables, and puddings or other farinaceous dishes. Flesh meat ought not to be allowed to patients of the lower classes more than two or three times a week. The quantity and quality of the bread consumed must also agree with the same conditions, and this will hence chiefly consist of wheat bread. The drink is likewise subject to the same considerations. All spirituous liquors will therefore, as a general practice, be withheld, or their use almost limited to the allowance of a little wine to those who have habitually drunk it, or whose bodily state requires it. So also the beer allowed and the coffee for breakfast must be of a weak and harmless quality; if the manners prevailing in the country, do not permit the latter to be excluded and replaced by a suitable gruel, or something of the kind.

It will further be needful that the patients' former circumstances in life, and the habits contracted in consequence of their station, should have a due share of influence in the determination of their diet, this being in some degree required, and in some degree allowed by the object of cure; neither should their age, sex, and strength be disregarded. For the patients of the lower classes therefore, the food provided can, and indeed must be more simple and somewhat coarser, whilst in regard to that for the patients of the higher classes, easy digestibility and variety will be more looked for, and the necessary attention paid to their custom of eating flesh meat every day. The greater variety and delicacy of the victuals with which the tables of the wealthy are supplied, though the bounds of moderation and simplicity must never be transgressed, afford the additional advantage, that the poor patients also may occasionally be fed

from them, when their bodily health requires a particular attention to their diet. This may be the more conveniently done, as there are always several individuals amongst the guests at the first table, whose health calls for some limitation in the number of the dishes of which they would partake, and in the size of their portions. The quality of the different kinds of food allowed, is fixed by certain general rules, and these are modified by medical directions for each particular patient, according to the necessity of the case. The meal times are held at stated hours fixed by the regulations of the house, the nature of the patient's disorder, the medical regimen, and his station and habits serving as guides in their appointment.

One very material circumstance is, that the purchasing and preparation of the food, like every thing else pertaining to the domestic care of the patients, should be under the independent management of the establishment itself, and not be supplied by a contractor. It is well known how much it has been disputed whether the former, or latter of the plans alluded to be most advisable for a public institution; and how often the preference has been awarded to the latter. It cannot indeed be doubted that the method of contracting is generally productive to such establishments of a very serious diminution in the expenses of house-keeping; for it often appears almost incredible for what comparatively small sums, the victualling of such a family is undertaken by the lowest bidder; even in cases where the conditions assigned by the one party, and the agreements entered into by the other, are so specific as to render any deceit or collusion next to impossible, and in which the officers appointed to inspect the victuals may be unable to detect any decided breach of contract, or dereliction of honesty. But when we consider the grounds which enable a victualler to supply provisions at a cheaper rate than they would cost, under the independent management of

such an establishment; of an establishment possessing every facility and advantage, for the acquisition and preparation of all the articles of food, as well as the firing materials, and which can command the services of so many gratuitous assistants in culinary operations requiring a multitude of hands, which the victualler can only procure by a great outlay of money; and that the latter must after all, support his family on the profits reaped from the undertaking, every body must at once conclude that this can only be done at the expense of the quality of the food; and that the advantage accruing to the coffers of the establishment from such a contract, is a premium paid to avarice, and that to the prejudice of those who are fed. Under such circumstances even the best and most vigilant control may avail but little, as any particular kind of food may be very far removed in quality from what it might and ought to be, according to the agreement, and still no person be able, at the time, to demonstrate it to be inferior. For in the case of an establishment like the one we are now referring to, where, including the officers and servants, about two hundred and seventy persons are to be fed, who shall be able to prove it, should the daily delivery of butter fall short by four or five pounds, of flesh meat by twenty or twenty-five pounds, and so on in proportion with the quantity of other articles specified in the agreement? And yet it is only by such and similar means that the apparent greater cheapness can be secured. If this then be the true representation of affairs, with regard to establishments situated in large towns, possessing no farm of their own, how greatly must the advantage of independent farming predominate, when the establishment possesses so extensive a landed estate as to raise all the vegetables, all the fruit, all the provender for a considerable stock of cattle, and besides this, even a part of its corn from its own grounds; when it manures the land from its own stables,



and performs the greater part of the tillage, as well as most of the culinary labours, with its own household. And that this is in fact the real interest of the establishment, is fully born out by experience. Here then it may be asked, seeing it is so plain that the diminution of expense aimed at in contracting for the victuals is only to be effected by means so detrimental to the patients, whose welfare must ever remain the paramount object to be consulted, can a conscientious body of superior directors award the preference to such a system? They will discover, indeed, additional reason to shun such a choice with alarm, when they reflect how perniciously the daily admission of a body of servants into the establishment uninterested in it, and unremunerated by it, must operate by opening the door to a thousand species of collusion; how much more difficult must be the right maintenance of domestic order; how laborious, and almost impracticable every species of control. And why should not this disadvantage be taken into account, viz:—the diminished enjoyment with which the patients would relish their food, when they saw it to be not only worse cooked, but likewise most disagreeably cooled, especially in winter, by transporting it to the house, which it would unavoidably be, if the victualler's dwelling were not in immediate connection with the establishment to be supplied?\*. This objection is one of peculiar force as regards lunatic establishments,

\* There can be no doubt that the plan of contracting with a victualler, for the entire supply of food in a prepared state, for the use of a public establishment is highly objectionable, and that Dr. Jacobi's reprobation of it, is by no means too severe. The question however, whether the plan of raising on a farm or otherwise the various articles required for the use of the family, is to be preferred to that of obtaining them in the best market by contract or otherwise, is quite a different one. I must say, I think the experience of English establishments, is decidedly in favour of the latter plan, and I cannot concur in the opinion that the difference in the cost of these two modes of supply, is to be attributed to the tricks of the contractors. The fact, I believe is, that with very few exceptions, there is a difference in the economy of management by a private trader, farmer,

because they are so generally with design built in rather secluded situations, that the victualler's residence would seldom be in close proximity with them; and this consider-

or manufacturer, and that of a public establishment which leaves a handsome profit in favour of private management. If, however, the labour of a farm or manufactory can be carried on with but little cost, as it may be on the labour system, in a well regulated asylum, some pecuniary advantage may be obtained, and the cost of keeping the family may undoubtedly be reduced; if however this were not the case, and the balance of the two methods of supply were not in favour of farming, there would be ample reason for continuing the practice as an important means of cure or amelioration. But, if labour and skill have to be procured and paid for by the establishment, the purchase of the chief articles of consumption, such as corn or flour, and meat, will, I am persuaded be much more advantageous on the whole, than the raising or producing them on the farm of the institution. I have observed the following inconveniences connected with the system of self supply.

1st. There is an apparent abundance connected with it, which tends to extravagant use.

2nd. The articles produced are not unfrequently unsuitable for the establishment, and yet they will generally be used or wasted by the inmates. In the supply of meat you have too much of the offal, as well as perhaps more than is desirable of the best parts; and these by some law of attraction, which I will not stop to explain, will be much more apt to be found on the servant's table, than on that of the objects of the establishment; whether they be children in a public school, or insane persons in an asylum. If the harvest be unfavourable, and the corn be sprouted, the bread perhaps for months will not be such as it ought to be. If the winter crop of potatoes be of inferior quality, still it will be used or destroyed in the family.

It may be said, and very truly, that these things may be better managed, but the fact, I believe, is unquestionable, that general experience bears testimony to these unfavourable results of the system of self supply. A good garden, sufficient to provide an ample supply of all kinds of vegetables, except potatoes for the winter, will, from the price at which fresh vegetables sell in most towns, be managed at least without loss; and it supplies conveniences and comforts to a family which would compensate for some loss. The home supply of milk has many recommendations. It is more likely to be profitable than the production of corn or cattle, and it is not liable to all the objections which attach to the other articles. It is however open to some of them, those of extravagant or improper use. In going over a large asylum distinguished for its good management, and the introduction of the labour system, and on which a great quantity of milk was used by the patients; I expressed surprise that they did not provide milk for themselves, especially as they raised so large a quantity of vegetables

ation alone would render such a mode of procuring the provisions at the Siegburg establishment completely impracticable.

in their extensive garden suitable for the use of cows. On conversing respecting it with the chairman of the committee, I found it was his opinion, that if they were to keep cows, cream and butter would be used much more freely by the household, than was the case under the system they adopted, and that they could not so effectually insure the supply of new milk to the patients. I have seen in other establishments what confirms the idea of this intelligent and practical observer.—ED.

## CHAPTER XIV.

ARRANGEMENTS RELATIVE TO PATIENTS WHO ARE TO BE ADMITTED.

MEDICAL EFFORTS. INFLUENCE OF THE CLERGY. DISPOSITION  
OF THE HOUSE-HOLD. MANAGEMENT OF THE FARM AND HOUSE-  
KEEPING. BOOK-KEEPING. SUPERIOR BOARD OF MANAGEMENT.

HAVING thus far directed our attention simply to the materials pertaining to the existence of an establishment for the cure of the insane, we now turn to the consideration of its character, as arising from the relation in which such patients as are fit objects for its discipline, find themselves placed to the curative means and apparatus therein provided. In reference to this point it need scarcely be again repeated, how the bare materials even, of which every part of the establishment is composed, should bear the stamp and character of special appropriation to that object to which it is dedicated.

The first requisite to the character of the establishment, is the presence of patients who are fit objects for its discipline, that is, of patients with respect to whom it may be more or less confidently anticipated that a favourable result will crown those efforts which will be therein made to restore them. As the rules to be acted on in this respect, have been laid down in a previous chapter of this work, I may again refer the reader to what was there said. In order however, to be as fully assured before-hand as possible, that no patients shall be sent to the establishment but those who are proper objects of its care, and that the necessity

may not so frequently occur of discharging individuals found to be unsuitable, as such, and in order that the establishment may at the same time acquire full information relative to the persons to be sent; of their personal conformation, of the history of their lives, of the cause of the disease and its present condition; information which is indispensable to an appropriate system of medical treatment, certain general regulations are required; and especially accurate instructions as to the information desired, for those physicians whose duty it is to examine the patients before they are sent to the establishment. In these instructions, the examining physicians are reminded by a series of questions, of every thing relative to the medical history and present state of the case under notice, which may bear upon the question of the patient's admissibility, or throw any important light on the medical procedure, to be set on foot after his actual admission.

In reference to these instructions, I shall refer to the scheme which has been made out for the use of the Siegburg establishment, inserted in the second part. I may notice, relative to this formula, that there are always many indolent physicians, who consider the filling up of so circumstantial a document, equally superfluous and unreasonably troublesome; and are therefore glad to avail themselves of the excuse, that the desired notices cannot, in most cases, be obtained; with other frivolous pretences. But these gentlemen neglect to consider, that a large portion of the information to be imparted as to the present state of the patient may be elicited by a close examination of the patient, independently of his oral communications. Other particulars, and those concerning the medical history may be collected, more or less perfectly, from the relatives, or other persons acquainted with the patient. These remarks are fully substantiated by not a small number of memoirs of this kind, in the Establishment at Siegburg, which prove how much a lively



concern for the interests of humanity and science may effect, in overcoming these pretended or really existing obstacles.

Besides these regulations which more immediately concern the medical management, there are several other important affairs connected with the external relations of the patient to be admitted, requiring attention; as for instance, the appointment of the class into which he must be received; the pecuniary arrangements entered into by his friends, and accepted by the establishment; the mode of his conveyance to, and removal from the institution; his accompanying effects; the steps to be taken relative to his guardians; and many other similar concerns, which I need not detail here.

As the second grand feature in the character of the establishment, we must specify that energy in the application of medical means for the restoration of the patients, which seizes and applies all those auxiliaries which have an influence on the various kinds of mental derangement, according as they are indicated by the results of scientific experience, to be applicable to each individual case. No proof need be adduced to show how indispensable it is that these medical operations should be characterised by the utmost singleness of purpose, and that they should bear testimony to the same spirit pervading and embracing the whole. For, as we have already remarked at the commencement of this work, how the entire arrangements of the establishment, in all its separate parts, should bear the stamp of the idea from which it sprang, so that the medical spirit which suggested its grand outline should be plainly recognized in it; so also, there can be no doubt that the same concentrated spirit should likewise be manifested in the vigorous application of the particular means which it has provided, to every case that comes under its care.

Hence it follows as a necessary consequence that *one man* must be placed at the head of the establishment, such an one as it has been indebted to for its origin, and existing

rules, a kindred spirit must animate him in order to ensure the constant application of the means which the institution affords, in strict accordance with the purposes of its foundation. His mind must pervade the whole establishment.

He must not only be constantly acquainted with the wants and present condition of all the patients, but every auxiliary means which the science of medicine, and moral influence affords must be at his command and disposal. But for these objects he will not only require all the assistance which the mere arrangements of the establishment may confer, but also the help of kindred minds ; who deeply impressed, like himself, with the spirit of the idea which is here to be realized, may, as his organs, constitute with himself, a firmly compacted harmonious whole, and may strengthen, diversify, and complete his powers and efficacy. Thus in a sphere of exertion even as relates to the physical department alone, far too extensive for the energies of a single physician, he stands in need of the aid and support of a man, who, associated in the closest union with him, and partaking in all his views, may in common with himself engage in the treatment of the patients as his "*alter ego* ;" and when sickness, or absence withdraws him from his office, may be confidently entrusted with the discharge of his duties. In addition to such an officer, he must also be supported by another well informed, and skilful medical assistant, who may undertake the more subordinate, and especially the surgical duties of his profession, besides rendering all sorts of assistance in the prosecution of his various plans of observation and research, and particularly in the post mortem examinations of deceased patients.

But with all this assistance there still will be a deficiency in the arrangements, for the observation and direction of the patients in the more strictly psychical sphere, and especially in that of the religious feeling. Reil,\* in his

\* Reil. Rhapsodien.

model establishment, desired that the directing physician should be accompanied by a professed psychologist, who should always be ready and able to point out the analysis, derivation, and scientific distinction of the mental anomalies which occur; and thus enlighten the physician upon the plans to be pursued in their cure. It would have been a much more suitable proposition, however, had he desired, instead of this fanciful personage, an experienced and professed practical anatomist or chemist, as in fact the director of so large an institution will scarcely find time, in every case that presents itself, to follow up the numerous anatomical investigations, and chemical analyses, to the extent that they ought to be pursued. He may even be deficient in the qualifications and experience required for such pursuits. And, on the other hand, there is no reason why another person should not prosecute them under his guidance, and according to his views. But that the director should be associated with a psychologist, in the sense of Reil, is quite out of the question; and the more so indeed, because it is essential that the physician and the psychologist be united in his own person.

Still it is no less true, that as in the physical sphere of his medical exertions, so also in that of his psychical duties, he requires a multiplication, a diversification, and a confirmation of his activity, his powers, and his views, which no associates, however ably they may co-operate with him in the medical part of the treatment, can adequately effect for so large an establishment. Where then can the director more properly seek for this completion of his powers, or more fully secure it, than in Christian ministers of true, fervent piety, and soundly philosophical and psychological attainments? With whom can he more suitably associate himself for the attainment of the exalted objects here before him, than with men whose office, and the duty of whose lives, it is, continually to penetrate, with the most sublime

motives, into the deepest recesses of the human heart ; to become acquainted with the minds of men, in their most diversified idiosyncrasies ; and, in the closest intercourse with them, to follow human life through all its winding labyrinths, that they may discover the means of gaining such an ascendancy over the minds of men, as to lead them in accordance with their sacred calling.—Men, the beautiful design of whose office, is so pre-eminently calculated to bring them near to the hearts of those by whom they are surrounded, and who, by virtue of it, are already possessed of all the means of conciliating their love and confidence ; and who, in such an establishment particularly, would simply appear as friends and counsellors ; as comforters of the afflicted, as messengers of Divine Truth, and as guides to a better and a happier life ?

By intimate union, then, of the director with his medical and spiritual associates, is constituted, in a peculiar manner, the *head and heart* of the establishment. Hence all its activity and all its life emanate. Under this influence originates and is carried forward, all that is deemed the most expedient, both for the benefit and restoration of the patients in the aggregate, and for the comfort and well-being of every single individual.

In what manner the employments of the particular members of this union are distributed and carried on, under the superintendence of the director, we shall not stay to consider more in detail at present, referring to the instructions on this head, in the subsequent description of the Siegburg Establishment, which were drawn up in conformity with our own ideas of the duties which the physicians and clergymen ought respectively to perform. We shall pass on, therefore, to the body of assistants, who, under the guidance of their superior officers, watch over the patients, see that they conform to the given regulations, supply them with every thing they have need of, wait upon them, protect



them, and guard them. These are the attendants on the patients and their overseers.

To procure such a body of attendants, for so large an establishment for the cure of insane persons, as shall entirely fulfil the objects desired, is, beyond all doubt, not only exceedingly difficult, but it may be said, even impossible. For when it is considered, in what consists the duty of an attendant on those who are, on the one hand, so violent, mischievous, and dangerous; so dirty, perverse, and refractory; so self-opinionated and stultified; so absorbed in their various hallucinations, and swayed by the most tyrannical passions and forcible impulses; and, on the other hand, on those who are in the highest degree sensitive; alive, with morbid acuteness, to the slightest impressions, and yielding in an extravagant degree to their influence: making even the most moderate claims upon his character, what conscientiousness combined with gentle and agreeable manners, should be manifest in his whole deportment. When it is further considered, too, that he has not only to be the constant companion of patients of the lower classes, but likewise of persons of the higher and more refined ranks of society; then it will readily be seen what difficulties must occur in the selection of nearly forty such persons. I believe, indeed, that this difficulty will never be surmounted, till the spirit of the age becomes so far changed, as to induce persons of cultivated minds and benevolent hearts, to devote themselves to this employment from religious motives.\*

\* Whilst the important subject of the attendants is thus before the mind, it appears not an unsuitable occasion again to allude to the very unfavourable contrast to the requirements here made, when prisoners are employed as attendants in hospitals for the insane; even if they are such as have conducted themselves in the best manner during their imprisonment, and are therefore sentenced to undergo the remaining term of their punishment in the service of the establishment. This practice was continued till very lately at the Sonnenstein establishment, and in the description of that institution, before alluded to, some things are advanced in its defence. It is, in every respect,



To shew the very little probability, however, which there is of such an alteration taking place, I may relate the fact, that during the nine years which the Siegburg establishment has been in existence, not a single instance has yet occurred in which an individual has sought to obtain the situation of an attendant on the insane, from religious motives, although the establishment is situated in a part of the country inhabited by zealous Catholics, and in the vicinity of another part inhabited by equally zealous Protestants. No other expedient remains therefore, but to exercise a provident discretion in selecting from those persons who apply for the situation for hire, such as are the most likely to suit, and to encourage them to discharge their duties with zeal and integrity, by attaching to the remuneration and support belonging to the office, the prospect of increasing wages, and of a pension when they become aged and infirm in the service of the institution; to reward the more exemplary, and to discharge those who prove unserviceable and untrue to their duty; and lastly to form a strict system of regularity and order in the house, and amongst the servants, and then to exercise the closest inspection and control over the whole.

Meanwhile the utmost ingenuity and circumspection will never be able to accomplish more than a very inadequate organization of the servants and attendants. There will always remain, even in the most perfect establishments for the insane, a disproportion between them and the patients, never to be entirely removed. This want of congeniality is the more apparent when it is remembered, that such

very gratifying that this foul blemish in an establishment so rich as this in many real excellencies, has at last been wiped away. If I may venture to believe that the censure of the practice contained in the first part of my "*Sammlungen*," which was received with such marked displeasure, was in some degree instrumental in bringing about the change, I must confess, I shall not feel any very keen regret at the expressions of displeasure then called forth.

patients should have no persons brought into so intimate and constant intercourse with them, but those whose real discretion and benevolence render them every way worthy of their confidence. So far however is this from being always the case, that experience more frequently proves, what close and unremitting vigilance is needful to protect these unfortunate beings from the stupidity and negligence of their hired attendants.

This especial oversight of the attendants is conducted immediately by the officers next above them; that is to say, by the male upper-attendant and his assistant, on the men's, and the same female officers on the women's side. I need not enlarge upon the great cautiousness with which the choice of these important sub-officers should be made, nor upon the necessity of so fixing their salaries, and providing for their comfortable accommodation, as to secure the services of persons possessing the requisite, and by no means common qualifications for the post. The more successfully this is done, the more nearly will they become approximated to that body, which I have above designated the head and heart of the establishment; they will strengthen its power, and exalt its activity and efficiency.

The activity and energy displayed in the establishment as we have now depicted it, and which stands in the most immediate relation with the treatment of the patients, is also closely connected with that department which relates to the domestic care, and that of the remaining members of the family, to the repairs and replacing of the furniture of the institution, the management of the land and cattle, the procuring and distributing of all articles of consumption, the management of the receipts and expenditure, the keeping of the books, and other affairs. As every operation in this department also, must concur with the rest, in promoting the ultimate object of the establishment, and as the most perfect unity of purpose and unimpeded activity must every

where characterize all the exertions made to this end, so it is here again evident, that the supreme direction and control of all the officers and servants, without exception, employed in this department, must likewise be concentrated in the directing physician. That this concentration of power is not usual, is a fact sufficiently well known; and perhaps the establishment at Siegburg in Germany has offered the first example of the directing physician being entrusted with the supreme direction of the treatment of the patients, and management of the whole establishment. But that this position is the only just one, and the most likely to advance the interests of the establishment, will, I think, be fully acknowledged from what I have said above, in reference to the character of the institution. It is also very easy to perceive, and experience has invariably attested the fact, that in all those establishments, where the opposite relation subsists, and the medical influence is placed on an equality with the domestic stewardship, or subordinate to it, there is always an incurable want of harmony and singleness of purpose so that the highest purposes of the institutions have not been realized to the extent that would be possible. For as soon as the management of the farming and household economy ceases to be a simple instrument towards the cure of the patients, so soon will the character of the institution instantly sink into that of a mere nursing establishment, in which the economical principle predominates, and the medical influence is subject to it. And though there may be many gradations, from a tolerable degree of medical independence and efficacy, yet the system itself necessarily tends to a state of subordination and restriction in which the physicians are utterly deprived of all freedom in their exertions, and the steward will issue from his account desk, his peremptory mandates as to every thing that shall be done or left undone. Let us compare the state of such an establishment, with that of one conducted under the arrangements which I have just

advocated. Let us conceive the situation of a physician and philanthropist whose whole soul is wrapped up in the cause which he has espoused, in such a state of sub-ordination. Let us imagine what would be the feelings of a Reil, of a Langerman, of a Willis, a Pinel or an Esquirol, thus fettered and clogged in their exertions. Let us read Horn's "Vindication," and then take a glimpse into the interior of almost all, and especially the older establishments, German as well as foreign, and we shall immediately be struck with the conviction, that the realization of that unity in the direction of these institutions which I have recommended, can alone be in harmony with their true interests.\*

\* I shall here take occasion to mention by way of example two lunatic establishments, in which the supreme direction is vested in the hands of the stewards, and which are indisputably amongst the most excellent institutions, in which this kind of government exists. I allude to the lunatic establishment at Frankfort on the Maine, and the lunatic and prison establishment at Eberbach in the Dukedom of Nassau. Both these institutions are chiefly indebted for what they are to the very admirable qualities of their managers, Mr. Lindpaintner at Eberbach, and Mr. Autony, at Frankfort on the Maine; and no one who is acquainted with them will attempt to depreciate either the real excellencies which in many respects they possess, or the restless and unwearied efforts, which are made still further to increase these advantages. At the same time it is just as little possible to avoid perceiving, that both the establishments have much more decidedly the character of nursing than of curative institutions, because the medical influence is subordinate to that of the stewardship. The former, indeed, is by so much the more insignificant, as the otherwise very respectable physicians to whom the medical treatment of the patients is committed, being obliged to follow their own private occupations, can regard their duties in the establishment but as a secondary matter, and only visit them two or three times a week. Indeed the physician at Eberbach lives two or three miles distant from the institution. I am confident too, that the excellent men just named, would be the first to acknowledge that the institutions over which they preside, notwithstanding all that is so gratifying and meritorious, both in what they possess, and in the services they perform, are still defective in that nobler character and efficiency, which can only be conferred by the predominance of a higher degree of medical influences intimately combined with psychology, philosophy, and religion.

The means required by the director for this department of his exertions, are separated into two classes; with a superintendent at the head of each, viz: the steward and the house-steward, who is also the cashier.

The duties of the steward, consist in preserving and maintaining in repair the material constituents of the establishment, and in procuring all articles of consumption; whilst, in reference to the cash accounts, he forms a check upon the house-steward. Thus, to his charge are committed the farming of all the land and cattle of the establishment; the procuring of all articles of consumption, all the materials pertaining to the clothing, bedding, warming, lighting, cleaning, and all the furniture of the house and farming stock. Of all these he keeps a strict account, and delivers over his purchases on acknowledgement received, to the house-steward, according to the quantities wanted each time for use. He has also the charge of keeping the buildings, wells, conduits, gardens, and fences, in repair; and also of superintending any new erections, &c. To him is confided the protection of the establishment from the danger of fire, the weather, and the violence and lawlessness of men. And, lastly, he keeps those account books which fall to his lot from the nature of his employments, and the part which he takes in the pecuniary business of the establishment. The servants under his command are the gardener, and the labourers in the gardens; the groom, milkmaid, baker, brewer, gate-keepers, watchman, carpenter, and all the mechanics and day labourers engaged in the service of the establishment.

The duties of the house-steward, in contradistinction to those of the steward, embrace the service in the interior of the establishment; the victualling of the whole family, and the maintenance of order in the house, both in the widest sense of their meaning; whilst he is also the cashier and head book-keeper. Receiving all the materials from the



hands of the steward, and carefully entering them in his accounts, he undertakes the supplying of all the household with food, according to the existing regulations; takes care of the warming and lighting of the several appartments, the clothing and bedding, the washing of the linen, the cleaning of the house and courts, the due distribution and proper application of all the household furniture, and the preserving of it in repair. He also has to exercise a vigilant oversight over the whole body of the attendants and servants of the establishment, and to see that they conduct themselves in an orderly and decent manner. And lastly, as before remarked, he presides over all the pecuniary transactions and accounts. The officers immediately under his charge, are the clerk of the counting house, the cook and the kitchen maids, the laundress and her maids, the male and female domestic servants, the barber and clerk; and in reference to the observance of order in the house, the male and female upper attendants, together with the whole body of servants subject to them; and in reference to the same object, all those servants who are under the immediate subjection of the steward.

The distribution of the employments of house-keeping, farming and book-keeping here described, has been proved in the Siegburg establishment, to be exceedingly appropriate and convenient; and might also be practicable in most other establishments; although the differences prevailing in the management of the house-keeping in other provinces and countries, as also in the other arrangements consequent upon these differences, the nature of the funds devoted to the establishment, and lastly, its size and the number of the patients treated in it, might render some modifications needful in the appropriation of these employments.

A discrepancy analogous to those above alluded to, will be caused in the method practised in different establishments, according as their income is derived from the public treasury,

from municipal funds, taxes, from their own independent resources, or lastly, from several of these sources united together; whilst at the same time, the peculiar organization and legislature of the particular state concerned, will likewise exert a considerable degree of influence in these respects, altogether peculiar as regards individual establishments. Considering the circumstances under which the Siegburg establishment subsists, the regulations for the security and advancement of the income are very simple, and particularly recommend themselves as so far appropriate, that no family or community wishing to commit a person affected with insanity to its care and treatment, can be incapacitated therefrom by want of pecuniary means. Even in regard to the superfluous cash, and book-keeping affairs, the existing regulations secure at least great order, security and accuracy in the business; and though the keeping of the accounts may require a great expenditure of time and trouble, yet this is inseparable from the organization of our states; so that nothing remains but to reconcile one's self to the labour with as good a grace as possible, though it may be deemed, in some respects, not a little oppressive.

It now remains for us to take some notice of the superior authorities, to which an establishment for curing the insane like every other public institution must be subject. For, it is clear, without further explanation, that there must be some higher authority, before which the director must at certain appointed times, lay an account of the management of the institution in all its separate branches; which must exercise a superintending care, that the establishment be continually applied in conformity with the spirit of its endowment; which shall decide whether any proposed improvements of importance shall be at all, or for the time being adopted; which shall grant the expenses for new erections of any magnitude; shall confirm the appointment of the higher officers of the establishment proposed by the

director, he himself always being chosen by the higher authorities; which in case of need, shall call to account those officers who may be guilty of a betrayal of their trust, or who prove untrue to their duty; and which, in the last place, shall exercise a higher control over the receipts and expenditure of the establishment, and represent it to the highest board of the state. All these are subjects beyond the competence of the director, although he must ever constitute the organ of communication, by which all transactions concerning the establishment are to be carried on with this board. As for the rest, all the details belonging to the department occupied by this board, will depend entirely upon the relation subsisting between the establishment and the state or province in which it is situated. Whatever may be the relation here spoken of, this, at all events, will ever be the most important consideration; that the higher authorities presiding over the establishment, shall be organized and constituted in such a manner, that a real care for its highest interests may be satisfactorily and efficiently secured. These highest interests, are the maintenance of the conditions for the complete efficacy of all the more important medical relations, and the continually progressive advancement of its perfections; with a simultaneous regard to the responsibility under which it rests for the advancement of science. There is the greater reason for an anxious solicitude that the firm and effectual recognition of these highest interests should be secured in such a board, because it too easily happens, that in managing committees of this kind, an attention to economical interests gains the ascendancy over interests of a higher nature, and that the members of it become habituated to consider every thing as of direct advantage to the establishment, which tends to diminish its expenditure. Economy should only be practised to such an extent of strictness, as is consistent with those higher and more essential interests to which we

have alluded ; since it is only by a wise and provident direction of its household, that the establishment is placed in the capacity of fulfilling its destination with the greatest degree of completeness. It is not therefore sufficient that this committee be merely so constituted as to ensure the general welfare of the establishment, but a care must be exercised that every renewal of it is effected in the same spirit and with the same design ; so that the welfare of the establishment may not be endangered when a few fresh men, ruled by other motives, may chance to gain entrance into its councils ; and when, perhaps, at the same time, a director is placed at its head, but little concerned for its well-being and success.





## PART II.



ON THE

CONSTRUCTION AND MANAGEMENT

OF

HOSPITALS FOR THE INSANE.

PART II.

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CHAPTER I.—*Founding of the Establishment at Siegburg. Its situation. The previously standing erections, and the new buildings added to them.*

CHAPTER II.—*Description of the four inferior divisions.*

CHAPTER III.—*Description of the fifth division.*

CHAPTER IV.—*Apartments devoted to the common use of the patients generally.*

CHAPTER V.—*Dwellings of the Officers. Apartments devoted to the purposes of housekeeping and farming.*

CHAPTER VI.—*Inventory of the utensils of the establishment.*

CHAPTER VII.—*Provisioning of the family. Expenses of housekeeping. Directions for the officers and servants.*

CHAPTER VIII.—*Attention in reference to bedding, heating, lighting, cleanliness, &c.*

It has not been thought necessary to include the translation of the preceding chapters in this publication, inasmuch as the substance of them may be said to be included in a former part of this work, where the whole economy of a model asylum is so ably and particularly laid down by the author.

## CHAPTER IX.

MEDICAL CARE. PARTICULAR PROCEEDINGS ON THE RECEPTION OF  
PATIENTS. CERTIFICATE.

IN what sense, and to what extent the expression, medical care, is to be understood, has been sufficiently explained in the first part; and it only remains for us here to give the directions according to which the co-operating medical officers have to display their activity, and the agreement or contract with the Siegburg apothecary for the delivery of medicines, in order to elucidate this part of the subject. This will also be the best place to give the necessary account of the arrangements relating to patients to be committed to the institution.

When a family or community wishes to confide an insane person to the charge of the establishment, the first step to be taken is, to request the physician who has attended him, or, if no medical aid has been administered, the district physician, to draw up a report of the case, after the model of the regular certificate, (to be annexed,) printed copies of which are deposited with all the landraths, burgomasters, and district physicians of the provinces. At the same time, the relations or appointed guardians of the individual, have to arrange and transact the more minute and particular affairs, according to the general regulations to be observed upon the admission of a patient into this institution. If the patient be poor, and his friends wish to claim his gratuitous admission, all the documents are transferred by the landrath of the district to the royal government, which transmits them to the director of

the establishment, for his consideration as to the propriety of the admission of the case. After such consultation they are remitted without delay by the director; and if the case be thought favourably of, the royal government gives their assent to the admission either gratuitously, or on the payment of a quarter, or half, or the whole of the usual charge; according to their judgment as to the pecuniary circumstances of the patient; always being swayed by the utmost liberality; so that the admission is never refused to those who are unable to pay, and the patient may at once be sent to the asylum.

If the case be very urgent, the committal of the patient may be hastened by the local authorities, transmitting to the director the certificate properly filled up, and guaranteeing his maintenance until the free admission can be obtained. If the director think proper, on the receipt of the notices, the patient may immediately be sent; the documents are then forwarded, as usual, to the royal government, concerning the application for gratuitous residence. This proceeding frequently occurs.

If the patient be not in circumstances to need a gratuity, and he be sent as a pay-boarder, the regular documents are handed immediately to the director; and nothing further is necessary for his admission, than the director's declaration that he is a proper object for the institution.

In the first case, where the proceedings are the most lengthy, the removal of the patient may always take place, in, at most, three weeks from the day on which his friends signified their wish for him to be committed to the institution. No part of the province is so distant, but that any delay beyond this time must arise either from negligence or dilatoriness in the transactions of the business. Economical reasons can never influence either the community or the friends of the patient to cause any delay, as free admissions are never refused to poor people, nor the necessary share of relief to



those who are not rich. Parishes are not burdened with any part of the maintenance of individuals. On the contrary, with the exception of their contributions to the taxes for the support of the establishment, by committing an insane member of their parish to the institution, they are relieved, without cost, of a burden which is sometimes very oppressive.

In the two latter cases it is evident, that a patient may be lodged in the institution in much less time; and though this, of course, will vary according to the distance of his place of residence, yet it need not exceed ten days. In all cases the director is bound to signify to the judicial board the reception of a patient without delay.

In the greater number of asylums, the admission of a patient is encumbered with so many difficulties and circuitous processes, that an incredible length of time elapses before this object can be secured.\* The arrangements are, however, in this instance so simple and concise, that it is exceedingly to be lamented that the friends and guardians of the insane, should manifest so much dilatoriness and indolence in the business. Instead of taking prompt and decisive measures for committing them to that care and treatment, by which they would probably in a short time recover, these miserable victims are often suffered to drag on months, and even years, in a state of the greatest destitution.

Their miserable and helpless condition is often protracted until becoming either too burdensome or dangerous to their attendants, and perhaps in a state of incurable disease, and therefore not fit for the establishment, the thought arises of placing them in the asylum. It cannot be denied, however, that during the last year, the proportion of cases admitted into the establishment in an early stage of the disease, has been somewhat greater. And it is to be hoped

\* In the often-mentioned description of the Sonnenstein establishment, it is said that years may elapse before the documents respecting the admission of a patient can be obtained.

that the sense of the great responsibility incurred by this unjust procrastination, will become rapidly more lively; and that the conviction that it is necessary to administer early relief to these afflicted persons, (supposing this conviction to be effected,) will be more generally felt at the commencement of the disease.

*General official precepts relative to the admission of the insane into the establishment.*

1. The establishment is intended for the cure of patients suffering from insanity.

2. The highest number of patients to be received is two hundred.

3. Patients can only be received from other provinces of the kingdom or foreign states, when places are left unoccupied after the admission of all the existing cases in the Rhenish provinces.

4. No patient is admitted into the establishment, whose insanity exceeds eight months in duration; though at the first opening, those were received who had been insane for a much longer time.\*

5. Persons who have been affected from birth or early childhood with imbecility or idiocy, as well as those whose insanity is the result of old age, are improper objects.

\* The attention of the public has been many times called, even in the public papers of the provinces, to the relation which is found to exist between the curability of insanity, and the time of its duration. Those who are committed to a proper system of care and treatment, during the first three months after the commencement of the attack, (the sooner the better,) generally recover in the proportion of more than two to three. The longer the disease is left to itself, after this period the proportion of recoveries, decreases with great rapidity; so that of those who are allowed to remain a year before any steps are taken for their amendment, scarcely more than one in five recovers; of those in whom the disease has lasted for two years, scarcely a tenth part recover. These facts will tend to show to those on whom the care of these unfortunate beings devolves, the consequence of their guilty procrastination.

6. Further, no person affected with cancer, the venereal disease, or any other chronic disorder, by which he is confined to his room or bed, or which require modes of treatment inconsistent with those of the institution, can be admitted. Epilepsy, when it is not the cause of the insanity, but has supervened a few weeks before, does not come within this exception.

7. If no hopes of recovery appear in the patients received, after experiencing the discipline of the establishment, or if their continuance in it becomes no longer correspondent to the object or the construction of the institution, they must be dismissed. A patient affording no grounds of hope for his future restoration, cannot, in any case be allowed to remain more than two years at the most.\*

\* Those patients who cannot longer inhabit the institution as a curative establishment, are returned, if they are harmless, to the bosom of the family or parish who have to provide for him. If the patient's condition be such as not to render this comparatively unrestrained condition advisable or safe, he must then be taken to one of the safety-houses of the department. In the mean time, it is not to be denied that great inconvenience, and not unfrequently great embarrassment, attends the dismissal of such patients from the establishment. This embarrassment arises partly from the inadequate construction of most of these safety-houses, and partly from the circumstance, that the gratuitous admission of poor people into them is exceedingly difficult or quite impossible. The relations of the patient, therefore, as well as the parish and its overseers, always strive to keep these improper objects in the establishment; their admission being so easy, it is often difficult to get rid of them. It is to be hoped that some amelioration will speedily take place in these safety-houses, and that the gratuitous admission of poor people will be facilitated, and put on the same terms as it is with the curative establishment. Saxony must here be mentioned with peculiar praise; for, whilst the rest of Germany was earlier engaged in the erection of a lunatic establishment, in many respects excellent, and in the humane spirit of Pinel and Esquirol, a general safety-house, testifying of the same spirit, under the guidance of their excellent pupil Pienitz, was founded for the kingdom of Saxony at Golditz. The management of this institution was committed to Hayner, whose services in the cause of the afflicted beings, who are given up to such institutions, were so meritorious at the badly-conducted safety-house at Waldheim. A similar general safety-house was also recently founded at Hildesheim, in the kingdom of

8. If the admission of a patient into the establishment is desired, the inquiry whether it can take place must first be made of the director.

If the patient is an inhabitant of the Rhenish provinces, and if the conditions shortly to be specified, respecting his admission, be all fulfilled; the director will sanction his admission without delay, provided there be room. If the admission cannot take place, either from want of room, or a defect in the qualifications of the patient, the director will transmit information of the circumstance, with the reasons, without loss of time.

9. The following documents are to be brought with every patient admitted.

*First*:—A testimonial, filled up and signed after personal examination by the district or some other approved physician, stating that the patient is affected with insanity, and how long he has been so.

*Second*:—An affirmation from the same physician that the patient, so far as can be ascertained by a rigid examination, is free from epilepsy, cancer, lameness from palsy, and the advanced stages of syphilis; since these diseases accompanying insanity, preclude admission into the establishment.

*Third*:—An assurance from the parties applying for the patient's admission, that when his condition no longer allows his continuance in the establishment, they will take him back, on being required so to do by the director.

Hanover, at the same time with the hospital for the insane, though quite distinct from it, and delivered to the promising guidance of Bergmann. A general safety-house, upon a scale proportionate to the wants of the case, in the neighbourhood of the curative establishment, but quite distinct and under separate management, though under the oversight of the director of the former, who should have the power of transferring the patients from one to the other, would, doubtless, be exceedingly desirable for the Rhenish provinces. Its administration would be less expensive than that of seven separate institutions.

*Fourth* :—As full and complete an answer as possible to all the questions contained in the prescribed certificate; or in places out of the provinces, where the formulas cannot be had, a history of the disease, as circumstantial as possible.

*Fifth* :—A satisfactory explanation of the manner of obtaining payment, and the means by which he will be supported.

10. Foreigners have to produce proofs that there is no obstacle to their reception into the Siegburg establishment, from the judicial powers of their own country.

Lastly; it is very desirable that some of the relatives or friends of every patient, who must be intimately acquainted with his disposition, turn of thought, and mode of life, and with every thing relating to his present disorder, should furnish a detailed and correct report of his history, in order that the former statements may be advanced and completed as far as possible, by the physicians of the establishment.

### CERTIFICATE

*For the medical examination as to the condition of mind of*  
 —aged—of—in the district of—  
*who is proposed to be admitted into the asylum at*  
*Siegburg.*

### QUERIES.

1. Age, temperament, mode of death of the grandfather on the father's side; and the diseases, particularly mental derangement, with which he was affected.

2. The same of the grandmother.

3. The same of the great uncles and aunts.

4, 5, 6. The same repeated of those on the mother's side.

7. Age, make of person, mental capacities, temperament, and mode of death of the father; and the disorders, especially in reference to mental derangement, with which he was affected.



8. The same of the mother.

9. How many brothers or sisters has the patient, of the first, second, &c., marriage?

10. Are they all living, or are some of them dead, and of what? If so, beside the last sickness, were they not earlier affected with some derangement of their bodily or mental health, and of what kind?

11. Have some of them who are still living been ill, and in what way?

12. How were the corporeal and mental faculties developed in them?

13. What numerical order does the patient occupy in the range of his brothers and sisters?

14. How did the pregnancy with him pass over? Was the mother affected in any way injuriously by it? Was she affected during it with intermittent fever, consumption, syphilis, itch, or with mental, or any other disorders? Were there any peculiar moral affections observable, trouble, ill-nature, frequent out-bursts of passion, &c.? Had any disease intermitted or ceased during pregnancy?

15. How was the patient fed in infancy,—with its mother's milk? How was it nursed particularly?

16. How did the period of dentition pass over? Did frequent convulsions, or other infantile disorders such as scald-head, miliary fever, measles, or any eruptive diseases take place? and did they experience any derangement of their regular course?

17. Had the patient to struggle with scrophula, rickets, &c.? Did he soon or late learn to walk, speak, &c.?

18. How did the disposition of the patient show itself in childhood? Was he gentle, good-natured, thoughtful, quiet or lively, romping, refractory, or malicious?

19. How were the understanding and the will developed, and particularly the mental faculties in youth? Was the patient teachable, of quick comprehension, good memory, or

inattentive, forgetful, dull? Did the imagination predominate or not?

20. Were there any important disturbances to the health before puberty,—what and when? Did the mental qualities assume any peculiar character at the approach of puberty?

21. Did the patient manifest any predilection for scientific pursuits, for the arts, mechanics, and so forth; or did he shew any aptitude for domestic employments, trade, or commerce?

22. Was there any peculiar religious development? How was he guided and directed?

23. How did he spend the years up to the period of manhood, both in respect to corporeal health, and moral guidance, civil and domestic duties?

N. B. It is necessary, in this place, to give a history of the principal events in the life of the individual, with a reference to their consequences, whereby the following points are more particularly to be kept in view:—

24. The commerce lawful or unlawful of the patient with the other sex.

25. When did the first seminal discharges appear? Was the sexual impulse abused by onanism or by other irregularities? How long, and in what degree?

26. Was the patient ever affected with syphilis, gonorrhea, fluor-albus, &c.—How, how long, and when?

27. Did menstruation commence at the proper season, and under what circumstances,—with or without disorder? Did it return regularly, and if not, how otherwise?

28. Was there ever illegitimate pregnancy? How often? How did it pass over? What impression did it make upon the mind of the patient, during and after its occurrence?

29. How did the patient discharge the duties of a parent?

30. Is, or was the patient married? How early, how often, and how long? From affection, or what other considerations?

31. What was the character of the first and second marriage, as regards the mutual relation of husband and wife?

32. How many children were born, and in how rapid succession?

33. How did the pregnancies pass over? What influence did they exert, and what consequences ensued upon their termination, on the bodily or mental state?

34. How did the confinement pass over, and the period of lactation? Was the secretion of perspiration, or of the milk, disturbed,—did insanity occur?

35. What was the general state of the domestic circumstances? Did the patient evince any concern for their advancement?

36. Did any important misfortunes mark the year of the marriage? or could the patient freely express the agitation of his mind, or did he keep it to himself?

37. What effect had these circumstances upon the mental and bodily state of the patient?

38. Did any important disorders take place during middle age, and what? Epidemic diseases,—as typhus, nervous, putrid, inflammatory, bilious, gastric, fever, &c. Endemic,—as intermittent fevers, diarrhoea, dysentery, Sporadic,—inflammatory, chronic affection.

It must be particularly specified whether the acute diseases that have occurred, have come to a decisive resolution, or whether any terminations of acute or chronic disorders have been prevented or retarded. Every derangement of the health must be mentioned here, which may have incidentally happened, without assuming any specific form.

39. How and when did the menses cease?

40. Were there any disorders of the generative organs? Prolapsus inversio vel retroversio uteri, schirrus, carcenoma, inflammations, induration of the uterus, or of the urinary organs, &c.

41. When were the first traces of insanity observed, and of what sort were they?

42. Did the disorder which accompanied the insanity take place suddenly, or had it precursors, and of what kind,—hysteria, hypochondriasis?

43. How and when did the established disease assume a decided form?

N.B. It is not the abnormal psychical appearances which are to be particularly regarded here, but the condition of the whole frame, in all its chief particulars.

44. In regard to the appearances of the insanity exclusively, the following points are to be noticed.

*First*:—Did the character of the insanity alternate, for instance, madness, melancholy, stupidity?

*Second*:—If so, in what order did it take place?

*Third*:—Did the insanity after its first appearance continue uninterrupted, or were there lucid intervals?

*Fourth*:—Did the changes in the character of the insanity, or the appearances of the lucid intervals and relapses, follow any particular courses, according to the time of the year, changes of the moon, days, or times of the day?

*Fifth*:—What changes in the bodily symptoms corresponded with the time of the paroxysms, exacerbations, and with the change in the character of the insanity, particularly in reference to the pulse, temperature of the head, and so forth?

45. During the intervals, were there any variations observable in the conduct and corporeal health of the patient from his previously healthy state?

46. What changes did the insanity undergo in its course?

47. What seemed to be the occasion of the relapses?

48. Were any medical means employed during the disease? When, what, and with what result?

49. Are the children of the patient healthy in body and mind?

50. How many of them are dead, of what, and at what age?

Lastly, a concise description of the patients' present state must be given, embracing all the more important features of the case. The following questions are the clue to the information desired.

1. What is the general condition in reference to nourishment and strength? Is there fever present? of what kind?

2. Distinct from the psychological derangements, are there any symptoms of cerebral disorders, acute or chronic?

3. Are there headach, giddiness, heaviness, or confusion of the head, deafness, faintings, &c.?

4. Is the face reddened and swollen, or pale, sunken, blue, wan, sallow?

5. How is the sight, the moveableness and state of the eyes particularly? are they sunken, protruding, reddened, shining, or wild?

6. What is the appearance of the pupil? Is there any extraordinary dilatation, or contraction on one side or on both? Does the dilatation, or contraction, take place quickly or slowly?

7. Is there any disorder of the visual functions?

8. Is the auditory sense unsound? Is there earach, ringing, rushing sounds, hearing of voices, or difficulty of hearing, deafness, or too quick, painful hearing, &c., how long? on one or both sides?

9. Is there no unsound indication in the olfactory organ and sense? stoppage from rheum, &c. &c.?

10. What is the condition of the tongue and fauces? and how is the taste? Is the tongue firmly thrust out without tremor? What is the state of the teeth?

11. How is the speech and the mobility of the tongue in reference to this?

12. Is there any suspicious redness, cicatrix, &c., on the neck. Enlargement and induration of the tonsils. Loss of the uvula, &c.



13. Is there any obstruction to mastication, or deglutition? How is the salivary secretion and the breath?

14. How is the respiration, as regards its frequency? Is it deep or short, difficult or easy, hoarse or wheezing, &c.?

15. How is the beat of the heart, strong, extended, trembling, or accompanied by abnormal murmurs? Are there any other indications of disorder of the heart?

16. Are the lungs or the pleura unhealthy? Is there oppression, constriction, asthma, pain, cough, expectoration of phlegm, blood, pus, &c.? Is the recumbent posture inconvenient?

17. How is the appetite, digestion, and the fecal evacuations as to quality and quantity? Is there much or little thirst, or inclination to strong drinks? Is there any particular inclination to certain foods,—Is there perverted, or depraved appetite?

18. Is there nothing abnormal elicited by an external examination of the abdomen? Inflation, distension, pain upon pressure, partial indurations, eruptions, &c.? Is there abdominal pulsation?

19. Is the patient affected with tape-worm?

20. Does the patient complain of flatulence, colics, or other unpleasant sensations in the belly?

21. Is there any hæmorrhoidal affection present? of what kind, and how long? Were hæmorrhoids either in their maturity or after it, disturbed in their course?

22. How is the urinary secretion for quantity and quality?

23. Does the patient observe the requisite cleanliness on the voidance of the excrements?

24. Is pregnancy present? or how have the menstrual discharges taken place since the insanity? fluor albus? What influence does each menstrual period exercise upon the insanity?

25. Is there nothing morbid in the genitals upon an external and internal examination?

26. How is the temperature and mobility of the muscles? Is there tremor, partial, complete, or incomplete, lameness, &c.?

27. Is there wasting of any of the muscles of the face?

28. How is the pulse on both the salivary arteries? and what relation subsists between it and the pulse of the carotids?

29. How is the skin as regards temperature and secretion? How is the temperature of the head, especially towards the crown? Is there any inflation of the vessels of the head, with striking redness, or sunkenness with paleness?

30. Are there any eruptions, and what? or traces of any, and of what?

31. What is the state of the patient in reference to sleeping, waking, and dreaming? Have any signs of somnambulism, &c., been perceived?

32. How is the deportment of the patient as an insane person? Is he maniacal, frenetic, destructive, vociferous, given to shouting, or singing; malicious; or silent, quiet, centred in himself, melancholy, disposed to suicide; or stupid, without feeling, fatuous, or confiding, and so forth? Several questions proposed to the patient must be given with their answers verbatim.

33. What is the opinion of the informing physician, as to the nature of the disease, and the means to be used for its removal.

#### *Memorandum for the informing physician.*

It is much to be wished that the physicians who undertake to answer these queries, would, in this employment, place themselves as much as possible in the situation of the director of the curative establishment, who with their assistance, has to undertake the cure of a person affected with insanity, previously entirely unknown to him. When the informing physician does this, he will at once per-

ceive the necessity of acquiring a fundamental and comprehensive knowledge of all the circumstances relative to the life and morbid condition of the patient, whether in the secrecy of his home, or in that society where he was placed during the rise and maturing of his disease. The greater or less incapacity of the patient to supply the notices respecting the medical history, will oblige recourse to be had to his relations and friends.

All the more zealous physicians will instantly confess the expediency of a comprehensive and rigid examination of the patient, for the purpose of tracing the foundation and course of the disease. Every thing will be reverted to which may have laid the foundation and promoted the development of the disease. These persons will by no means complain of the multitude of the queries, since their own attention will have been spontaneously directed to the principal points alluded to in them, and the given formula will be looked upon as a welcome auxiliary to the more methodical review of the case. Such physicians, so far from resting satisfied with a dry and abrupt answer to the several queries, will feel themselves incited to enter deeply into the nature of the case in question; and by a complete grasping and representation of the same, will materially contribute to a happy issue of the curative treatment. The communication of the views of such persons upon the best modes of treatment, cannot but ever be most welcome.

*Queries to be answered by the magistrate or (landrath) of the district.*

1. Has the patient as deprived of the use of his reason, been so declared by law? Is there any commission against him?
2. If this is not the case, is he notoriously a madman?
3. What is his origin?
4. Where has he his place of residence?

5. Of what class, trade, and religion is he?
6. Is he single, married, or widowed?
7. What are his pecuniary circumstances, or those of his nearest relations?
8. What proportion of £25 14s. can he pay with comfort, for his maintenance in the establishment?
9. How much has the guardian of the patient guaranteed?
10. Supposing the patient able to advance nothing, how much are his friends willing to pay, or for how much do they pledge themselves?

## CHAPTER X.

## MEDICAL ATTENTION CONTINUED.

THE treatment of the patients at the Siegburg establishment, is conducted according to the following plan. As soon as a patient arrives at the establishment, the second physician and the medical assistant, make out, from the result of the medical reports, obtained by a careful examination of the patient, and the information of the persons accompanying him, a complete history of his disease. It is then submitted to the inspection of the director; and after a common consultation, the most essential points of the diagnosis and the method of cure as indicated by it, are determined.

All the patients are regularly visited twice a day by the director, in company with the second physician and the assistant, and notes of all that is most worthy of remark are taken on the spot. When the physicians do not go round in company, they compare notes at the end of the visit. This is done, in order that a knowledge of all the changes going forward in each particular case, may be kept up. The assistant then enters the notes, with the prescriptions, into the journal of each patient.

If such changes occur in the course of the disease, as to render the plan of treatment first adopted no longer applicable, and to call for a modification or decided change in the diagnosis, and consequent alteration in the mode of treatment, a fresh consultation of the medical officers takes place, which is repeated as often as the circumstances require it.



Independently of the physicians, the patients are also visited by the clergymen of the establishment, who are made acquainted with the history of each case. They too, keep a journal of the most important cases, confining it entirely to the psychical part of the patient's disorder. Every ten or fourteen days, they unite with the physicians in a conference; in which they communicate to the director the result of their observations upon particular cases recommended by him to their notice, and inform him of any thing peculiar in their mental and moral deportment. Any alteration resulting from their report, is then determined on.

On the death of a patient, if his friends do not object, a post mortem examination of the body is instituted, all the organs are closely inspected, and the observations carefully recorded. Lastly, in every case, whether the patient die or be dismissed from the establishment, the circumstance is noted; and with the signing of it, in medical conference, the history of the case is closed.

The instructions as to the duties of the second physician will be modified, according to circumstances. The more he strives to identify himself with the director, in his medical capacity, the more will these instructions be relaxed, and in great part abolished. His relation to the directing physician will always be of an intimate nature; and can only be of advantage to the institution, so long as it continues to be founded on mutual confidence and esteem. For, as according to the fundamental nature of the government of the institution, the second physician cannot have any distinct department under his control; and as his several duties, are too completely blended with those of the directing physician, to allow of any such independent authority, the sphere of exertion committed to him, will ever remain but one of completing, and carrying out the views of, and therefore subordinate to the director. This subordination can only be diminished, in proportion as he adapts his exertions to,

and incorporates his interests with those of the first physician. At the same time, any struggle on the part of the second physician, to obtain an independent station in the establishment, will only prove ruinous to his true one, and will demonstrate that he is not animated by that zeal for the good of the institution which alone could render his residence in it of any permanent advantage.

*Instructions as to the Duties of the Second Physician.*

1. The second physician devotes himself, in conjunction with the director, and according to his more particular direction, to the medical treatment, and moral care of the patients in the establishment, as well as to the employments having particular reference thereto.

2. The director and second physician generally act together, in determining the mode and means of treating every patient. Nevertheless, when an irreconcilable difference of opinion prevails between them, the voice of the director, on whom all the responsibility, in regard to the efficiency of the institution rests, is at all times decisive. It is said, in a former part of this work, that the second physician is only entrusted with the guidance of patients under the control of the director, and in proportion as they shall be confided to him by the latter.

The director may therefore, at any time when it appears to him necessary, make a temporary use of other means than those which have been determined on in consultation on the treatment of the patients. The director, however, will always inform the second physician of such changes, and of the motives which have induced him to make them; and so far as it appears necessary, will advise with him upon the future treatment to be pursued, and endeavour to bring about an harmonious view of the subject. Slighter differences, such as the increase or diminution in the doses

of the remedies, the second physician will learn from the journal, and will have the opportunity of making any remarks to the director which he may think desirable.

Whilst these appointments constitute the usual routine of business, the director, nevertheless, can either exercise his medical superintendency of the patients with the second physician, and pay his visits daily to all the patients in conjunction with him, or may commit to him the visiting of certain parts of the institution in an uncertain order, or he may confide to him the exclusive treatment of several of the patients for some time. But it is evident that he cannot entirely withdraw his medical oversight from such patients.

3. The decisions as to admission and discharge of patients, the division in which they shall be placed, their employment, the attendants to whom they shall be confided, and so on, belong exclusively to the province of the director. The second physician, however, is not thereby precluded from making to him, such observations as he may think appropriate to these subjects.

4. The prescribing of medicines, and the ordering of other remedial means, belong properly to the director, unless he should expressly deliver them to the second physician. Prescriptions not written by the director must always receive his signature.

In the absence of the director, the second physician prescribes; always adhering, unless some extraordinary case arise, to the plan of treatment determined on by the director. When fresh patients arrive, and medical means are required to be exhibited without delay, he is guided by his own judgment. When the director is attacked with illness, such as to withdraw him from his medical duties, the second physician acts as in his absence. If the illness be not very severe, but yet sufficient to prevent the director from paying his usual visits, the second physician brings him a report of all the cases, and the treatment is carried on as usual under his direction.

5. The management of the more weighty surgical cases, as far as regards the treatment, is the business of the second physician. All the smaller surgical operations, as cupping, bleeding, making issues, applying bandages, &c., fall to the assistant.

6. The second physician carries on the journal of the patients, so far as he is desired so to do by the director. He also undertakes those cases which the director shall point out to him, with this restriction, that except during the absence or illness of the director, such cases shall never exceed the number of half the patients in the institution.

7. Since the most accurate acquaintance with and notification of every thing relative to the medical history and present state of every new patient admitted to the establishment is of such extreme importance, the second physician, with the aid of the medical assistant, undertakes the drawing up of the reports, according to the rules laid down by the director, of those cases which the latter shall submit to him.

8. In the same way, the second physician, in common with the medical assistant, conducts the post mortem examinations, under the guidance of the director; writes down the results of the enquiry, and preserves those parts in which any peculiar morbid changes have taken place, which may render them worthy of preservation.

9. Further, the second physician will also, in so far as he is required by the director, assist in the correspondence with the patients' relatives, draw up the medical opinions on their cases, review the accounts of the apothecary, and take part in every duty of this kind, having a more intimate relation to the patients in the establishment.

For the rest, it need scarcely be recorded, that the second physician is expected to abstain from all written or oral communications respecting the patients in the establishment, either with their relatives or other persons, without

the knowledge and consent of the director; and that a prudent reserve is expected from him in all his expressions concerning the patients, and the more private concerns of the establishment.

10. Though all employments pertaining to the administration and maintenance of the house-keeping and book-keeping of the establishment, belong exclusively to the province of the director, yet the second physician is from time to time made acquainted with the more weighty concerns of this department, by the entries, and by the letters being laid before him, before they are sent off, at certain hours in the office of management; in order that when the exertions of the director are suspended for a while by illness or absence, or when his presence is required for a longer time by the managing committee of the establishment at Cologne, the second physician may be fully qualified to supply his place.

11. One of the most responsible duties of the second physician is, to keep a strict watch that the diet and treatment prescribed for each patient are adhered to in every particular, and also that no patient is treated in any way contrary to the directions, and that the regulations of the house in reference to the patients, are accurately observed. In the last of these functions, the whole of the attendants and servants, are bound to obey him.

It must be especially mentioned here, that though this oversight of the second physician, is generally exercised over the collective particulars of the regimen and treatment of the patients, yet it must also extend in detail over the right exhibition of the prescribed medicines, baths, and dietetic means of all kinds, in which are included the mental and bodily exercises, sports, gymnastic exercises, and so forth. In reference to all these subjects, he has to see that the medical prescriptions are rigidly observed by the attendants, and that they preserve that line of conduct to



the patients, which is enacted by their instructions. For this end he must give minute instructions to the attendants concerning the manner of their behaviour to every patient entrusted to their care, in the various periods of his disorder; and in difficult cases, especially, he must regulate their conduct by the circumstances as they arise, and by the orders of the director.

In an especial manner he will direct his attention to the more seriously indisposed patients, particularly such as refuse their food for a longer or shorter time, and will employ all the means which his experience and skill suggest, or which are supplied by the director.

In reference to the patients' diet, in order that he may be fully convinced that each obtains that kind, quality, and quantity of food and drink which are prescribed for him, it will also be requisite that he fix his own dinner-hour at such a time as will leave him at liberty to pay a visit to all parts of the establishment, whilst the patients are at dinner. The supper-time for the patients is fixed so as to coincide with the time when the physicians pay their evening visits. If any serious departure from the existing regulations occur, relative to such of the above-mentioned subjects as are entrusted to his higher supervision, the second physician will note them down, and communicate his remarks at a convenient opportunity, on the same day, to the director.

12. The whole body of the attendants lies under the particular control of the second physician. Through the male and female upper-attendants, he has to uphold all the male and female attendants, in the observance of those duties to the patients and their superior officers, which are prescribed to them by the regulations of the house. Herein it is also the duty of the house-steward to support him.

He has also to exercise a general care that all the male and female attendants conduct themselves as respectable, diligent, bold, temperate, and discreet persons, fond of

order and cleanliness. Every one who proves idle in his duty, careless, unwilling to oblige; disobedient, cowardly or passionate, or who manifests a hard unamiable disposition, or is repeatedly detected in the practice of lying, must be exposed by him to the director. Much more then ought he to inform the director of any one who is guilty of any grosser delinquency, such as active abuse of the patients, betrayal of trust, &c., or who forms illieit connexion with the patients or other attendants.

At the same time, he must, as much as he is able, provide for the security, health, and happiness of these persons, so that they may not be injured by the rage or wantonness of the patients, that no one may be unreasonably distressed by too long exertion, and that every one may enjoy the needful recreation from rest, change of employment, or leave of absence.

13. To the rest of the officers and servants of the establishment, as regards his merely medical capacity, he stands in no other relation than that which depends upon the general rules of the house.

As regards himself, he has to recognize the director of the establishment alone, as his next superior officer.

14. Like the director he is bound to abstain from engaging in out-of-doors practice, being like him, expected to devote the general amount of his time and labour to the establishment alone.

He can never, therefore, absent himself from the establishment for many hours together, and never for a night, without having previously conferred with the director.

For absence not exceeding two days in duration, the director can give him permission; but for a longer period he must obtain leave of the managing committee of the establishment at Cologne.

15. Respecting the use of the records of cases occurring in the establishment for publications, he is bound by the same regulations as those specified in the duties of the director.

*Duties of the Medical Assistant.*

The assistant of the establishment has to consider himself as the helper of the first and second physicians, in their various duties connected with the medical service of the house.

Although he has to consider the director as his first and immediate superior, since from him proceed the general appointments in reference to his services, and the manner and order in which he has to perform them; still he is not the less, on that account, bound punctually to obey any orders which the second physician may impose, in reference to individual patients, according to the plans agreed to for the treatment of such case, &c.

The particulars included in the duty of the assistant are the following:—

He has to accompany the physicians in their chief visits in the morning and evening, or whenever else they require it, in order to write down quickly according to their directions all the observations which are made, in reference to the course of the disease, the treatment, and so forth, and to receive their instructions in reference to the cases, and immediately take them down in his note-book.

Those prescriptions which relate principally to the employment of medicines and other curative means, to inquiries of all sorts, as well as to surgical services in particular, he has to fulfil accurately without delay, or in so far as it may be an affair of the attendants, to cause to be fulfilled. It is here expressly noticed, that all the smaller operations, as bleeding, cupping, applying blisters, and bandages of all kinds, and so on; and also, those pertaining to the higher parts of surgery, in so far as they may be entrusted to him, under the guidance of the physician of the establishment, are parts of his duty. He must always complete the

dressing of wounds, and see that the trusses are properly applied, and the extremities bandaged, never leaving the last for the attendants to perform, before the morning visits of the physicians. This rule is never to be broken, except when these operations become too numerous to be got through by that time, and then they must be finished as soon as possible after. Venesection, and other operations ordered during the visit, must be performed immediately afterwards, unless a different time is expressly pointed out.

When there are wounds which require to be dressed several times a day, of course it is understood that he must attend to them; also, when cataplasms, fomentations, frictions, baths, and so on, are necessary, he must very carefully satisfy himself that they are executed agreeably to the prescriptions.

All the medicines and other means of cure prescribed for the separate patients, are regularly entered by the assistant every morning in the respective journals. It is also his duty to distribute the medicines delivered by the druggist at noon, or, in particular cases, at a later hour, into the different divisions of the establishment; to see that all the medicines are duly delivered, and to instruct the male and female upper attendants, or the attendant concerned in the mode of operation of the medicines; for instance, whether it be an emetic, and so on. He is likewise to take care that the medicine bottles, gallipots, boxes, &c., are duly sent back to the druggist.

Besides these duties which belong to the common daily routine of the assistant, those which are amongst the most important, are such as consist in the collection of all information relative to the medical history and present state of every patient, elicited partly by the preceding methods, and partly by the examination and observation of every newly admitted patient. In this employment, he will be guided by the ways and means usually adopted, or by the commu-

nications made to him by the director. The assistant will be supported in these occupations by the second physician, and will make out these statements only in reference to those patients concerning whom he is instructed to do it by the director.

Further ; the assistant, alternately with the second physician, will undertake the examining of the monthly bills of medicines sent in by the druggist, and see that any errors in them are corrected. He will likewise render his assistance in forwarding the other duties relative to the keeping of the journals, the giving of opinions, or correspondence about the patients, according as he may be required by the director.

When cases of death occur, the assistant will, on each occasion, conduct the examination of the body, according to the instructions of the director, and proceed agreeably to his wishes in reference to the parts to be kept as preparations, and attend to their preservation.

Lastly ; the assistant is also expected to co-operate in watching that the regulations of the establishment, relative to the treatment and conduct of the patients, both in the buildings, courts, and gardens belonging to the establishment, are duly observed ; any serious departure from these regulations, especially in the conduct of the attendants, or other improper behaviour or neglect, must be mentioned to the director ; or where there is need of immediate interference, and his admonition is not respected, and the male or female upper-attendant is either not in the way or incompetent, he must immediately lay a complaint before the second physician, and the house-steward.

As the duties of the assistant render it necessary that he should never, as a general thing, absent himself for a long time from the establishment or its premises, he must subject himself to this arrangement ; and every time that he goes out, must leave word with the porter where he may be



found. For an absence extending to two hours' duration, he must ask leave of the director.

From medical practice out of the establishment, he is required totally to abstain. Finally, he is equally subject with others to the observance of the regulations of the house, so far as they affect him.

## CHAPTER XI.

MEDICAL CARE, CONTINUED. ATTENDANCE AND OVERSIGHT OF THE PATIENTS.

THIS important part of the service is performed by the patients' attendants and the upper-attendants; and is superintended, in the next place, by the second physician and the clergymen.

In reference to the number of attendants in proportion to that of the patients, I shall first remark, that with respect to the patients under the normal system of treatment, the proportion is generally so regulated as to amount to one attendant for eight patients.

This proportion may appear favourable when contrasted with that of some institutions, but it is still rather below the full necessity, as sometimes two or three of the worst patients require the undivided attention of one attendant. Thus gaps in the service are liable to occur, and many embarrassments may arise. These may frequently be filled up by the attendants of single patients, so far as is consistent with the full discharge of their duties to them. It is evident that the more the number of the attendants permits a division of the oversight, the more freedom can be allowed to the patients; and that the end of this oversight will be answered in proportion as the patients are less shut up within rooms and courts, and permitted to take free exercise, in the larger rooms and in the open air.

In the establishment at Prague, there are forty-three attendants to two hundred and forty or two hundred and

sixty patients, or about one to six on an average. If the attendants on single persons are excluded from the computation, this proportion is the best that can exist. If they are included, the average will be as low as the one existing in this institution, which will be subjoined.

The position of the attendants in regard to remuneration and wages, is an important consideration. It will thence be discovered what means have been used through liberal wages, increasing in a fixed ratio, to obtain the services of persons not belonging to the lowest and poorest classes, and thereby to secure the choice out of a number of respectable people. This plan of increased wages, also affords the possibility of attaching more and more to the institution, those who prove worthy and true to their duty.

The sum of £68 15s. 0d. is vested in the funds, for the use of those persons who may become, after long and trusty service in the institution, either disabled by age, or so injured as to be incapable of continuing in their situations. It is very probable that in future this sum may prove too small, but the date of the establishment is as yet too recent to cause any embarrassment on that point.

#### *Duties of the male and female Upper-Attendant.*

1. The principal business of the male and female upper-attendant and vice-upper-attendant is, to see that the body of attendants submitted to their oversight, accurately fulfil, in every point, the duties imposed upon them, according to the instructions given them, and the regulations of the house. The upper-attendant, male and female, has therefore, whenever a fresh attendant enters the establishment, minutely to go over with him or her, both the instructions for the attendants and the regulations of the house, and to be sure that he or she fully understands every precept therein contained.

It is therefore expected, that the upper-attendants do most punctually observe the rules, in so far as they affect themselves, that they may be an example to the rest.

2. The whole of the upper-attendants and their deputies must visit all the divisions of the establishment, submitted to their oversight, several times in the course of the day, and from time to time in the night, and examine whether every patient is treated agreeably to the orders in all points of the regimen and oversight prescribed for him, and whether his attendant observes the proper mode of behaviour to him.

3. In particular it is expected:—

*First*:—That the upper-attendants ascertain every morning, that the attendants rise at the right time, and look after their proper duties. They must, therefore, be amongst the first to leave their beds, and immediately visit the sleeping rooms committed to their superintendence.

*Second*:—That at meal times, they visit all the rooms where the food is taken, and examine whether the attendants do their duty in this respect, and notice whether any disorders and disturbances are committed by the patients; and that they are not allowed to cram themselves with food.

*Third*:—That they superintend the patients at their various employments, and when it is needful assist them with counsel and correct their mistakes, or direct them to something else. As most of the male patients are employed several hours a day in the open air, the upper-attendant or his representative must constantly be either at one scene of their operations or another, in order to overlook the patients and the attendants at the same time; the other should proceed in a similar manner through the buildings themselves.

*Fourth*:—That when the patients go to bed, they see that the regulations relating thereto, are strictly adhered to, and that they be particularly careful that the patients' clothes are shut out of the room every night, being previously

examined to find whether any offensive weapons are secreted about them, and if so, that they be taken away.

4. If they discover negligence in the care, or faults in the behaviour of the attendants towards the patients; they are to admonish them, and when it is necessary, to instruct them more clearly in the manners they are to observe to the patients. When the delinquency is of greater importance, and their admonition is disregarded, they are to report it to the house-steward or to the director. These regulations are also applicable to the duties imposed on the attendant, and it must be noticed in regard to them, that the upper-attendants are also to observe that the attendants are employed during the hours set apart for work, and that in superintending the labours of the patients, they do not merely act as overlookers, but that they are also found amongst the most industrious and active labourers.

5. After the director has determined into what division of the establishment a newly arrived patient is to be received, the upper-attendant must propose the attendant to whose care he shall be entrusted, in doing which he has to consider both the qualifications necessary for the given case, and the degree in which each attendant is already occupied. The male upper-attendant likewise, in the various employments in the open air, and in the interior of the establishment, appoints the attendant who shall have the temporary charge of the male patients; and the female upper-attendant does the same with respect to the female patients, in the various domestic occupations.

The upper-attendants must always be able, at any moment, to point out accurately to which of the attendants every patient is entrusted, whether it be for constant care, or for temporary oversight; and it is only by the express permission of the director, that an exception can be so far made, in the case of single patients, in whom more confidence may be reposed, that they may be allowed to



undertake some short occupation, without the special oversight of the attendants.

6. But in order that no patient may be passed over unobserved for several hours together, by the accidental negligence of the attendants, the upper-attendants are required several times a day; namely, in the morning before the patients proceed to the various employments pointed out to them, at noon, at tea time, and again later in the evening; to convince themselves by individual examination of the patients in the separate divisions, that no one is absent; and if any patient is missing, to inform the house-steward and the director, and immediately to commence a search for him.

7. When the patients take walks beyond the premises of the establishment, the upper-attendants have to take care that they are always accompanied by particularly vigilant, conscientious, and skilful attendants, who shall be able to prevent any intercourse with strangers they may meet on the road, to repel any insult, or invent resources to meet any difficulties that may occur to them. They must also possess sufficient strength and skill, if any patient attempts to break loose, to prevent him, and bring him back to the institution. The number of patients accompanying an attendant, should never, therefore, be greater than he has ability to manage.

On the holidays, the greater number of the patients of the lower classes, are accompanied in their walks by the upper-attendants as well as by other attendants, if required, that neither decency, nor the public safety may be infringed upon, and at the same time, the object be attained of creating an agreeable exercise and recreation to the patients.

8. They must maintain, from day to day, as accurate an acquaintance as possible, with the condition of every patient; and be able to give an account of it to the physicians on their

visits. If any sudden, or apparently serious alteration takes place in the state of a patient, either observed by themselves or mentioned to them by the attendants, they are immediately to report it to the second physician; or if circumstances require it, to the director. This must especially be done in cases of serious injuries, or of sudden death.

9. If disagreements arise amongst the patients, or between them and the attendants, they must always allay them in the best manner they are able, either by persuasive or forcible means; but if they are of a serious nature, they must state them to the second physician, or to the house-steward.

10. They must exercise a vigilant care that the attendants pay sufficient regard to their dress and personal cleanliness, and that they conduct themselves discreetly and agreeably to the regulations in reference to discipline and order. Every one who will not pay deference to their advice herein, must be reported either to the director, the second physician, or the house-steward.

11. On the other hand, they must be careful that the attendants obtain every thing, to which they are entitled, relative to their board and lodging; and that they enjoy the rest and recreation which is necessary. Those who shew themselves more industrious and faithful in the service, are to be recommended to the director.

12. It will, of course, be understood that it is expected on the part of the upper-attendants, that they set the best example to their subordinates in every particular; that towards the patients, they manifest the mildest and most conciliating behaviour; contribute every thing which their several conditions permit to the alleviation of their sufferings; endeavour to procure them every suitable recreation, and actively promote their real enjoyment. On the other side, however, they must be careful that no abuse be practised, that the patients obtain no books that are not permitted by the director, carry on no evasive correspond-

ence, see and converse with no persons without having obtained express permission from the director, and that in general they do nothing contrary to the order of the house, or which militates against propriety and respectability. Above all, however, they must direct their attention to the security of the patients, and consider as a chief duty, the execution of every rule tending to uphold it. It needs also to be noticed in reference to this subject, that when it is necessary, they must resort to the proper remedies for disarming a patient who may threaten any danger ; and they are therefore authorized, in such cases, to order the application of the straight waistcoat, or straps, or the use of the refractory chair. If it happen in the day time, they must immediately inform the director, and if in the night, the first thing in the morning. But, for no other cause than the attainment of temporary security, are these measures to be adopted, and in no case are the upper-attendants authorized, without the previous consent of the director, to prescribe as punishments, either the withdrawal of food or tobacco, confinement, the shock-bath, or any other means. Further, they must be particularly cautious in speaking of anything relating to the history, hallucinations, and insane practices of the patients, both in and out of the establishment ; all these things must be considered by them as a secret ; and they must endeavour to impress upon the attendants the necessity of a similar conduct.

13. Next to that of the steward, all the articles of bedding, clothing, linen, movables, and other utensils appointed for the use of each patient, are entrusted to the oversight of the upper-attendant, as well as all the property brought by the patients, and allowed to be used by them. These are received by them from the hands of the steward, and delivered to the attendant concerned. The weekly change of linen is made through their medium, as also the redelivery of the dirty linen and of articles which have become

unwearable; likewise the collection of all articles used in the care of a patient, when he either dies or is removed to another division. The entries of all these receipts and deliveries are made in the books, according to the existing regulations. The male and female upper-attendants have to be present on Saturday afternoons, when the laundress gives out the clean linen for the ensuing week, in order to see that no articles are returned either badly washed or insufficiently dried; the female upper-attendant has likewise to take care that every article is forthcoming, that nothing is injured by carelessness, but that all the linen is thoroughly clean, and in every respect, as it should be.

14. They must watch with a jealous eye, in every respect, over the preservation of cleanliness, in all the departments of the establishment. Especially they are to notice, that the rooms, galleries, privies, and washing places, are duly cleaned and aired. And as for the attainment of this object, they have nothing to do but to keep the attendants in the discharge of their duties, or to inform the second physician, or the house-steward of the neglect, all the delinquencies of this sort, are therefore laid exclusively to their charge.

15. The following are also amongst the chief obligations of the male and female upper-attendants:—

*First*:—That whenever a patient is ordered to take a warm bath, they test with the thermometer, in order to ascertain that the water is precisely of the temperature prescribed by the physician, and that they extend a general care, that baths of all kinds are administered according to the medical instructions.

*Second*:—That in regard to the medicines delivered to the attendants, they see that the instructions given are accurately observed, and that in the evening of each day, they present a written memorandum to the director of those medicines, which will be consumed by the following noon.

*Third*:—That in cold weather, when the patients' day-rooms, saloons, bath-rooms, &c., are warmed, they see that they are of the prescribed temperature; and in order to secure this, they must either employ such means as are at hand, or direct the attendants to do so.

*Fourth*:—They are to see that the apartments in the divisions of the establishments intrusted to their supervision are lighted at the proper hours in the regular manner, that the lamps are kept in proper order, and that no dishonesty take place either in respect to the lighting or the firing materials.

*Fifth*:—That they exercise extreme vigilance to see that every possible occasion of fire may be avoided, and that on no consideration whatever do they allow any patient to have any thing to do with either fire or candle, but that these are exclusively attended to by the servants appointed for them. The upper-attendants are also required several times a week, and in stormy weather every day, to visit the attics for the purpose of convincing themselves that the doors to all the chimnies are well secured, and that the doors of the attics are duly fastened, so that no unauthorised person may be able either to hide himself or do any damage.

16. When the male and female upper-attendants desire to leave their posts for a certain time, either for their own recreation, or on any other account, if it be only for an hour or two, they are to apply to the house-steward for a ticket of leave; but if they desire to be absent for a day, or from that to four days, a special written permission from the director is necessary. Lastly, for a still longer time, they must request leave of the higher authorities through the medium of the director.

17. The last regulation is, that the male and female upper-attendants, have next to the director, to regard the second physician and the house-steward as their immediate



superiors in authority, who are both commissioned to require the accurate observance of every particular in these instructions.

*Duties of the Attendants on the male and female Patients.*

1. Every attendant has to consider the patients committed to his charge, as persons for whose welfare and security, so far as his abilities go, he is responsible.

2. In order to perceive and act up to the spirit of his duties towards the patients, the attendant must in the first place, be able perfectly to govern himself; he must never betray the least appearance of irritation, anger, embarrassment, or timidity towards the patients, but must ever strive to maintain a calm deportment, and every time that circumstances call for it, must exhibit the necessary courage, patience and presence of mind.

In order to attain to this self-command, he must accustom himself to consider every thing in the conduct of the patients towards himself, which might excite angry feelings, as the simple expression of their disordered minds, and therefore every outburst of their vehemence, all their raving, reviling, and slanderous speeches, their malicious and mischievous actions, and even their attacks upon his person, must be considered as the actions of men unwillingly driven thereto, by the impulses of their disease.

3. That the patients be treated in the mildest and most conciliatory manner possible, is the fundamental law of the establishment, and the more humanely an attendant behaves towards them, the more meritorious will he be esteemed. Active ill-treatment of the patients by blows, kicks, pinches, or the infliction of bodily pain by any means whatsoever, or the withholding of any portion of their food or other article, unless it be expressly commanded by the director, is invariably followed by the dismissal of the attendant.

4. Self-defence, however, in case of need against the violent and fraudulent attacks of the patients, is of course permitted. This defence, however, must on the part of the attendants, be limited to simply depriving the patient, in the easiest possible manner, of the power of injuring them; but an attendant who treats his patients in a kind and considerate manner, will very seldom be driven to such an extreme. For their further guidance in these emergencies, the attendants will receive instructions how to act, either by themselves or with the assistance of other attendants, in regard to their defence.

5. After the above, it need scarcely be added, that no attendant is permitted to make use of upbraiding, rude, or immoral language, towards his charge; and that it is absolutely forbidden to call the patients by such names as "fool," "ninny," "mad-cap," "crack-brained," &c.; on the contrary, it is enjoined that all the patients in the establishment, even in the lowest state of their disorder, be invariably addressed in the same terms as those required by custom, when in their healthy state; that neither the feelings of those of the lower classes of society, nor patients of the higher ranks, be needlessly offended. Indeed the attendants in general ought to consider themselves not as persons placed over the patients entrusted to their care, but as the servants of the establishment, whose duty it is both to fulfil themselves, and to see that others obey the prescriptions and directions which they have received in reference to the patients, from the officers of the establishment.

6. If the patients carry on delirious or unmeaning conversation, or busy themselves with various delusive imaginations, the attendants must endeavour, in a gentle manner, to lead them to stillness. The attendant must never be roused to anger by contradiction, but when he finds his efforts to tranquilize fruitless, he must adopt a wise silence. He must always endeavour to avoid every thing that may call forth

the anger or resentment of the patient, or which may terrify or fill him with anxiety, and must carefully abstain from every threat of punishment or discipline. It is also most strictly forbidden to the attendants, under pain of dismissal, to provoke a patient to the expression of his deranged ideas, follies, and absurdities, or thereby to tease him and make sport of him to others.

7. It is further expected of every attendant, that he conduct himself not only in this, but in every other respect, with perfect propriety, and by all means he must avoid, in his words, actions, and gestures, every appearance of rudeness or immorality, since every one who indulges herein, will prove himself unworthy of the service in which he is engaged. It is the more needful to be very strict in seeing that the attendants conduct themselves unblameably in this respect, because many patients, in the worst periods of their disorder, totally forget all moral propriety, and they ought therefore to find in the attendants, persons who will by no means countenance or promote these melancholy consequences of their malady; but who will endeavour, so far as they can, to moderate and check them.

8. Every case of dishonesty with the property of the establishment, or of the patients, is followed, in addition to the legal prosecution, by dismissal; which is likewise the case with every attendant who is guilty of gross falsehood, repeated intoxication, or any sort of unruly behaviour.

9. In the attendance on the patients, the greatest vigilance and attention to every thing that they undertake are required; on the one hand, that they may neither injure themselves or others, nor damage or destroy their clothes, beds, furniture, &c.; and on the other, that the attendants may always be able duly to inform the physicians, as also the upper-attendants, of all that relates to them.

The attendants must therefore, as much as they can, always keep in sight the patients committed to them; and

without exciting the suspicion of the patients, narrowly observe, according to their instructions, every thing that they say and do, as well as every thing relative to their sleeping, eating, drinking, evacuations, employments, verbal expressions, gestures, and so forth, in order that they may always be able to give an account of them.

10. Whilst the attendant in fulfilling this duty, faithfully and unreservedly communicates every thing relative to the patient, his actions, and his discourse, to the physicians, clergymen, and upper-attendants, exactly the reverse is expected of him, towards all other persons, without exception, that is, a total silence, as to every thing the patient says and does in his state of derangement. Every attendant who neglects this, and makes culpable communications about the words and actions of the patients, whereby they may become more extensively known, even though it be to his nearest relatives, is discharged. The greater severity is needful in this respect, because the accounts which the patients give of their own and their friends' transactions, since the commencement of their insanity, are in most cases either totally false, or the truth is so greatly perverted, that they ascribe nefarious deeds to themselves and others, when no imputation of the kind really attaches to either party. They also, on the other hand, frequently manifest during their illness, dispositions, inclinations, and passions, which were entirely foreign to them when they were well; so that incautious communications of this kind, might place their character in a false and disadvantageous light.

11. It is self-evident that one of the chief obligations of every attendant, is, to take care that the patients in his charge are provided for exactly according to the prescribed regulations in respect to victuals, bedding, clothing, cleanliness, exercise, employment, recreation, medicines, &c.

12. As regards the diet of the patients, the attendants have to see that the patients in the general dining-room, and

those of the higher divisions, who eat alone, obtain the appointed portion of every kind of food and drink, and that their meals are taken at the appointed hour, in a quiet and orderly manner. If the patient leave either food or drink, the attendant is to bring it back into the kitchen without tasting it, even though the patient should solicit him to eat it.

An exception, however is made to this rule, with regard to the bread handed at breakfast; that if the patient will not eat it directly, it may be left with him till ten o'clock in the forenoon. In no other case, however, is the attendant allowed to permit the patient to keep bread or any other kind of food by him, either for his own use, to give it to other attendants, or to exchange it for tobacco, drink, or anything else. He is required to inform the upper-attendants whenever any such transaction takes place.

13. The food and drink appointed for the maniacal and raving patients is carried to them in their rooms; and the attendant must closely watch whether they eat of it at all, and what portion of it they eat; they cannot, however, be so strictly confined to the time appointed for their meals as the other patients.

14. The greatest attention and care, however are required for those patients who persevere in obstinately refusing all nourishment; thereby intending to starve themselves to death. In such cases, the attendant is not only required to manifest great patience, but likewise great skill and dexterity; in order to overcome their obstinacy, in which, however, he will be supported by the directions and advice of his superiors.

15. As regards the articles pertaining to the bedding, linen, and other clothing of the patients, these are delivered in full, to each attendant, by the upper-attendants, for every one of the patients under his care; and he is answerable for the forthcoming of the same, if not worn out or destroyed



by the patient. If a patient dirty any article, so that it must be changed out of the usual course, the attendant shows it to the upper-attendant, who on the dirty one being delivered, supplies him with a clean one of the same kind. A similar proceeding takes place, when a patient tears any article of clothing, or otherwise makes it unwearable. If an attendant neglects to get the articles which have become unfit for wear replaced, so that they are not forthcoming at the revision, he is bound in duty to procure others at his own expense. The same responsibility also exists, with regard to the articles of clothing brought by the patients, and given into the attendant's charge, as with those belonging to the establishment. It must also be particularly noticed, that no attendant is allowed to wear any article of clothing, either the property of a patient, or appointed for his use; and when any one is found so doing, it is punished as a gross misdemeanour, with dismissal from the service of the institution.

16. Further, the attendant is obliged to see that the patients entrusted to him, always put on the appointed articles of clothing in the regular manner; keep them whole and clean, so far as this can be expected of them; and change their body-linen at the appointed time; or when necessary, even oftener than the usual time.

After the patient has taken off his clothes in the evening, the attendant carefully examines them, to discover whether any instruments or other articles besides those expressly allowed to be carried about are concealed in them, and then puts them aside till morning, in the proper wardrobe; in which also are kept the other clothes and articles for the patient's use.

17. During the night, the attendants in the upper divisions have to see that every patient remains quietly in his bed. If he finds any one restless in the night he must endeavour to quiet him. If he does not succeed in this, and the restless-

ness becomes disturbing to the other patients, he must notify it to the upper-attendant, who will point out another locality, to which he must be forthwith removed, where he will not disturb the others by his noise. In the same way, the attendant must also immediately inform the upper-attendant if any patient manifests unusual symptoms of disease in the night; or such as appear to him of importance; in order that, if it be needful, medical assistance may be obtained without delay.

18. The attendant must watch over the melancholy patients with peculiar vigilance, by night as well as by day; and carefully observe anything unusual in their actions; in order that they may be prevented from injuring themselves. The greatest caution is required, in regard to every thing which surrounds them. The same care indeed must be extended in degree to all the patients, with the exception of those who are considered as trustworthy by the upper-attendants, and even these must be carefully observed.

19. In respect to cleanliness, the attendant must be careful to see that all the patients in the morning, and in the day time as often as occasion requires it, wash themselves, either at the common washing places, or in their own rooms, comb themselves, and have their clothes made clean; and that their clothes are shaken and brushed, or washed as often as it is necessary; they must also, when the patients wish to make water or go to stool, take care that they visit the proper places; to which they must conduct those who are not able to take care of themselves, several times a day; and see that they are properly assisted to dress and undress, clean themselves, &c.; they must also see that the bedding is aired and beaten up at the proper times; that the sleeping rooms are rubbed down with a damp cloth immediately after breakfast; that the day-rooms and galleries are swept, rubbed down with a damp cloth and ventilated, before the patients rise in the morning; and lastly, that when any unusual dirt is occasioned it is immediately taken away.

20. Far more laborious, but most imperatively necessary, is it to maintain cleanliness in the case of the maniacal as well as of the fatuous and many of the melancholy patients; and herein the greatest activity and diligence of the attendant are strongly called for. He must be unceasingly careful that the bed, which in these cases mostly consists of a straw-mattress and straw-pillow, with woollen blankets and linen sheets, is renewed as often as it is necessary, washed and aired; and likewise that the patients' rooms are cleaned and aired as often as their impure state renders it needful. In the attention to these duties, the attendants cannot be too assiduous.

21. Very particular attention must be devoted to the subject of vermin, none of which should be allowed to remain on the person, clothing, or bedding of the patients; whenever anything of the kind is discovered, the upper-attendants must be informed, that they may take the necessary steps for its destruction. If any attendant were found unclean in his own person in this respect, he would immediately be considered as useless, and unfit for the service.

22. As relates to the bodily exercise, and recreation of the patients, the activity of the attendants will be guided by the medical instructions given in each particular case. It is, however, imperative on all the attendants in this respect, to maintain a vigilant oversight that the patients do no damage to themselves or others, nor yet to the buildings, gardens, or the house-furniture, &c. Whilst directing and overlooking the patients at their work, there is need for the exercise of great patience and equanimity; and a thoroughly kind and affectionate manner of treatment is indispensable, for the full attainment of the object in view.

23. An equally patient and affectionate bearing are also required in the administration of medicines, which is often accompanied with very great difficulties; in such cases, the attendants will be supported by the advice of the physicians,

or the assistance of the upper-attendants. In all cases this duty must be attended to agreeably to the instructions, with the greatest punctuality; and the taking of the medicines must never be left to the patients themselves, or the medicine trusted in their hands.

24. When baths are ordered, the patient is accompanied to the bath by the attendant appointed to that office, and reconducted back by the same; who has to see that the patient remains quietly in the bath for the prescribed time; is well dried on stepping out of it; puts his clothes on again in a proper manner, and if it be the warm bath, that he be sufficiently covered up on his return to his own room to prevent his taking cold.

25. The attendants are not only strictly forbidden to introduce the patients to any intercourse whatever with strangers in walking out, as well as at other times; but they are also not allowed without express permission, to permit general intercourse amongst the patients, or to tolerate their visits from one room to the other.

Every kind of intercourse between patients of different sexes, is unconditionally prohibited; and the attendants are not to permit such under any pretence whatever.

26. If an attendant should miss one of the patients in his charge, he is immediately to inform the upper-attendant or the house-steward; and should do the same when he perceives any patient attempting his escape. In both these cases he must, without any delay, employ every means which his skill suggests, for the detention or return of such patients; at the same time not losing sight of the others under his care, but giving them in charge to the nearest attendant, or any of the household who happens to be in the way.

Every attendant is expected always to appear respectable and clean in his dress, to take due care of his personal cleanliness, and to have his hair always neatly combed;

thereby holding out a good example to the patients. Negligence in these points is never tolerated; and when admonition is not sufficient, a pecuniary fine is imposed.

The most suitable dress for a male attendant is a blue jacket, and a pair of long dark-coloured pantaloons. The female attendants are also expected to wear a neat dress, of sufficiently strong materials, and to avoid every thing uncommon or striking in their apparel.

No attendant is allowed, under pain of dismissal, to quit his post, without having obtained a ticket of absence from the house-steward; nor, unless on some business committed to him by his superiors, to be seen outside the gates of the establishment. The intercourse of the attendants with their families, provided they reside at Siegburg or in the neighbourhood, must be limited to the hours allowed for their absence; nor is any member of the family, but especially the nearest relations, such as wife, sister, or child, &c., allowed, on any pretence whatever, to enter the bounds of the establishment, or to pass beyond the admission gate.

The male attendants are subject to the oversight of the male upper-attendants, and the female attendants to that of the female upper-attendants. As their higher superiors, they have to recognize, next to the director of the establishment, the second physician and the house-steward; who are both particularly entrusted to require the accurate fulfilment of every single precept in these instructions.



## CHAPTER XII.

THIS CHAPTER MERELY RELATES TO THE CONTRACT WITH THE DRUG-GIST FOR THE SUPPLY OF MEDICINES.

## CHAPTER XIII.

DUTIES OF THE CLERGYMEN. WORSHIP, &c.

BEFORE proceeding to the consideration of the duties pointed out in the present chapter, I refer the reader to the remarks in the eleventh chapter of the first part, and also to those contained in the chapter treating of the regulations of the house.

*On the duties of the clergymen employed in the Siegburg establishment.*

Although it is designed in the present instructions, to point out the duties and employments which pertain to the clergymen of the establishment, yet it is evident that this can be done only in a general manner, and in relation to their more external occupations; since the more important constituents of their duty are altogether of such a peculiar kind, that they cannot be laid down in any official instructions. From the position occupied by the clergymen

of the establishment, their exertions, according to these more general indications, will be directed to four principal objects, viz. :

*First* :—The operations connected with worship.

*Second* :—The various employments, and duties especially, belonging to the religious department.

*Third* :—A participation in the moral direction and treatment of the insane.

*Fourth* :—An attention to whatever is calculated to advance the science of psychology, in so far as it is connected with mental derangement.

For the better instruction of the clergymen on the above four subjects, the following particulars are specified.

1. *On the operations connected with Divine service.*

1. On Sunday, as well as on all other days appointed by the ordinances of their respective churches for religious service, worship is conducted in the forenoon by the respective clergymen of the Roman Catholic and Reformed faith. The former commences at half-past nine A.M., and the latter at ten A.M., throughout the year.

2. The respective services are to be conducted according to the existing rules and regulations of each profession ; yet it is requisite that the ceremonial part be simplified and abridged as much as possible ; that a prominent place be given to the singing ; that the sermon be of a plain and simple character, and that the time be limited to half an hour at the most. The more particular points in reference to these peculiarities may be determined by the director, in conjunction with the clergymen.

3. Service is likewise performed in the afternoons of Sundays and holydays ; though on these occasions it is principally confined to the reading of the prayers and lessons for the day, and the time is also limited to half an hour.

The Roman Catholic service commences in summer at half-past three P.M., and in winter at half-past six P.M. The Reformed worship begins half an hour later at both seasons.

4. It is the office of the director to point out those patients who are allowed to be present at the general worship; but all the servants of the establishment are expected to attend, unless prevented by some employment imposed on them by their superiors. The clergymen are expected to see that neither the patients nor the servants wilfully absent themselves on these occasions.

5. The administration of the Lord's Supper must take place regularly, according to existing circumstances, once at least, in every quarter of a year; without regard to the greater or smaller number of those who are in a state to partake of it. The preparation for this solemnity will require the devoted attention of the clergymen, every time it is about to be celebrated. Only such patients, however, must be allowed to participate therein, whose admissibility has been jointly agreed on by the director and the clergymen.

6. In like manner the administering the sacrament to the dying, as well as all other religious exercises with the patients, will be regulated by the united opinion of the director and the clergymen, who consult together on these occasions. It must, however, be understood, that in these consultations, as well as in all the religious employments of the patients, the voice and opinion of the director is always decisive; nor are the clergymen warranted in proceeding with any such occupations, as they know would not be countenanced by the director. Still the director, who has to decide according to the accounts given to him, must, as far as possible, consult the satisfaction of the communicants in all administrations of this ceremony.

7. When cases of death occur, the clergyman must attend the deceased to the grave; the Roman Catholic must perform the funeral rites over those of his own persuasion; and

in regard to the others, the clergyman of the Reformed church, offers up a prayer, and preaches a short sermon, for the edification of those who attend the funeral.

*2. On the various duties of the religious department.*

8. It is only to those patients whose minds enjoy a certain degree of health, either continuously or at intervals, or such as are approaching recovery, or are already in a state of convalescence, that the more spiritual duties of the clergymen can be exercised.

In the case of such, these duties are of supreme importance; in order that in the first instance alluded to, the patient, in the bright moments of a transient respite from the thralldom of his malady, may again be enabled, though but for a moment, to hear the voice of Divine Truth; for, though no disposition may be thus aroused which would eventually conquer his disease, yet, comfort and tranquility may at least be imparted at a time, when by looking back into the depths of the misery he has for awhile escaped, he might be ready to yield himself to despondency or despair. As to those who are approaching recovery, and about to be restored to the blessings of social intercourse, it is necessary, if possible, to awaken or re-establish in them, a genuine religious frame of mind; and especially in those frequent cases, where the mental derangement is the consequence of great moral deviation or transgression, to assist in bringing them to a clear perception of their inward state; to lay hold on religion as their only safeguard, and to love it as the surest means of defence against the recurrence of their afflictive malady.

9. Besides the patients and convalescents, the attendants and the whole body of servants in the establishment, afford the clergymen a wide field of religious labour, deserving of their utmost attention.

The relative position in which the attendants are placed with regard to the patients, has a close and important bearing on the fulfilment of the objects of the establishment: for the various qualifications which are required of them, as mildness, kindness, patience, firmness, fidelity, &c., are so extensive and the duties which they have to perform, are so arduous and difficult, that it is not possible they can even approximate to the fulfilment of them, unless strength and ability for their performance, be constantly derived and renewed from the fountain of true religion.

To promote this state of mind on the part of the attendants, and that it may be continually gaining ground and producing its natural and important results, must, therefore steadily engage the attention of the clergyman; and indeed it is an object to which he can scarcely devote too much anxiety and zeal. Still it is not to the attendants alone, that the clergyman must confine his endeavours to stimulate by a constantly renewed encouragement, to the affectionate, faithful, and unwavering discharge of their duties; but the whole body of the officers and servants, whose occupations are alike difficult and trying, must also share the benefit of his devoted exertions. He must indeed be aware how important is the station they occupy, when he considers how much depends on their harmonious co-operation, and how arduous are the exertions required of them, to render this asylum, as it were, a city of refuge from the greatest of human woes: how constant an opposition they must maintain against the outbreaks of rudeness, cruelty, obduracy, avarice, and every propensity that can degrade the human heart; and finally, that this high object has to be attained, and the utmost mildness and forbearance to be extensively diffused, even amidst the coercion, severe restrictions, and painful privations, which are inseparable from the treatment of this species of disease. In conclusion, it may be observed: that the labours of the clergyman



would be much facilitated by his keeping a list of the persons, both patients and others, who are committed to his pastorate; in which he might enter under their respective heads, the observations which arise from his intercourse with them.

3. *On the participation of the clergymen in the moral direction and treatment of the patients.*

10. Since the clergymen, devoted as they are exclusively to the service of the institution, would not be fully occupied by those employments alone, which are connected with their spiritual office, they have also allotted to them a certain participation in the treatment of the patients. There are some cases which afford but a partial and transitory scope for the exercise of the duties of the clergyman, and others which do not admit of any religious alleviation whatever; yet, even in these cases, the clergyman is enabled, by his peculiar vocation, to render very efficient and valuable assistance to the curative means employed by the physician; though this can only be effected in subordination to the medical treatment already determined on in each particular case. When, however, agreeably to these conditions, the occasion arises, of investigating the development and course of the mental aberrations; of exciting or removing certain frames of mind; of excluding or facilitating the introduction of particular classes of ideas; of exciting, superintending, and guiding the operations of the understanding; then will the clergyman find that peculiar province for the exercise of his abilities, for which his position and pursuits have qualified him. The intercourse of the clergy with the patients, is of the most agreeable description; for with the exercise of coercion and force they have nothing to do, but, on the contrary, they can afford them many alleviations of suffering, shew them many tokens of kind regard, and may procure for them many

little comforts in their constant and daily association with them. Secure also in the esteem which attaches to their official character, they mingle with the patients at all periods of the day, during their labours, their walks, their recreations, and their meals; and many are the opportunities thus presented, of discerning the more secret workings of their minds, and of gaining the most effectual influence over them. But, in order to render this intercourse with the patients as valuable as possible, they must avail themselves of those studies to which their peculiar vocation in some degree opens the way: they must make themselves familiar with those writings which unfold all that experience has taught, and is still teaching, of the various morbid states of the mind; in order to enable them to penetrate the more profoundly into all the labyrinths of mental aberration, and to become the most effective and valuable coadjutors of the physician, in the medical treatment of his patients. The director of the establishment will point out to them those works, the study of which is most calculated for the attainment of this end.

11. This close and frequent intercourse of the clergy with the patients, and participation in their treatment, also gives them the opportunity of exercising a continued control over the conduct of the attendants; of seeing that no patient suffers from their neglect or abuse; but that all receive that treatment which is most in accordance with the principles on which the institution is founded. When anything is observed of a contrary description, they are expected, without delay, to make it known to the director.

4. *On the attention of the clergymen to metaphysical science, as promoting the knowledge of mental derangement.*

12. The participation of the clergy in the direction and treatment of the insane, affords them superior opportunities of observing many psychological facts, which ought by no

means to be lost to science. For it is certainly a peculiar privilege to the physician, that since his attention is more or less diverted from the observation of the mental affections, and more exclusively applied to the physical treatment of the patients, he can be assisted by scientific men of education, exclusively attached to the establishment, who are entrusted with the psychological department; and who consider it one of their principal duties to investigate the origin, and to study the progress of the various sorts of mental derangement; to observe the manifold developements of every species of insanity, and as metaphysicians, entirely to abstract the phenomena of the disease from its physical occasion, and to delineate and exhibit its essential form for the benefit of science.

13. It is, therefore, incumbent on the clergyman, to keep a daily journal of all the more interesting cases which present themselves, and this he must deliver to the director on the departure or death of the individual concerned; it will then be appended to the reports, in order that, when occasion requires, the proper use may be made of it, for the advancement of this department of science. As to the manner in which this journal is to be kept, the clergymen must confer with the director; who will also point out to them those cases which are most adapted for insertion therein; but, at the same time, care must be taken that a needless extension do not render this employment oppressive. A consultation is held weekly or once a fortnight, as determined on by the director, in which the clergymen and the physicians meet to advise and inquire into the more urgent cases of disease; to examine the result of their previous determinations, and to decide upon the future moral and physical treatment.

14. Twice a week the clergymen have to attend the morning visits of the physicians; the Roman Catholic on Monday and Thursday, and the Reformed minister on

Wednesday and Friday; or in any alternate order which they can mutually agree upon, in order to afford regular opportunities of mutual conference on the cases of the patients under treatment.

*General Appointments.*

15. With the exception of the appointments for Divine service, the visits to the patients twice in the week, and the regular conferences in the course of the month, the clergymen are not limited to particular times for the discharge of the duties pointed out in these instructions; since it is neither compatible with the nature of their services, nor does it appear requisite, considering the zeal which is expected from them in the performance of their various duties. It is therefore assumed as a general rule, that they shall devote, on an average, only half a day to the collective duties assigned to them in the establishment.

16. It now only remains to state, that the clergymen, as well as the other officers of the institution, acknowledge the director as their superior, in regard to every thing connected with their external duties, and with the particular subjects pointed out in these instructions.

17. In regard to leave of absence, the director is empowered to grant the clergymen from half a day to three days, at their request; but if a longer period be desired, permission must be obtained by the director, from the managing committee of the establishment at Cologne.

*House-keeping. Regulations of the Household.*

1. From the first of March to the end of September, every servant of the establishment is regularly awakened by the watchman at half-past four, A. M., and during the other months at five A. M., and a quarter of an hour later each servant proceeds to his respective employments.

2. The usual time of rising for the patients is half-past five in summer, and half-past six during the winter half year. They are roused by the sound of a bell, rung by the upper-attendant, at the appointed hour; when the servants to whose care they are entrusted have to see, that with the exception of particular cases under the control of the director, they all immediately rise and dress themselves, in a prompt and orderly manner. The male and female upper-attendants every morning proceed to their respective divisions to convince themselves, by a personal inspection, that the attendants both rise themselves, and cause the patients to rise at the appointed hour.

3. Immediately after dressing, the patients under the usual mode of treatment, assist the attendants, so far as they are able, to put their beds in order, and to clean the lodging-rooms. This done, they are conducted by the attendants to the general washing stands; and care is taken that each patient duly washes his hands and face, and combs his hair. Those patients who are under closer restrictions, or whose mode of treatment requires it, wash and comb themselves in their own apartments, or these offices are performed for them by the attendants.

4. All these operations of dressing, bed-making, cleaning the rooms, washing, &c., must be completed in one hour. The patients and their attendants, who live together, then repair to the day-rooms of their respective divisions, for the performance of morning worship. Only those patients whose outward conduct admits of it, are admitted to this service, which is conducted according to the religious persuasion in which they have been educated; and in such a manner as the director judges most suitable to their state and necessities. In all cases, the time spent in this exercise is limited to a quarter of an hour.

5. The breakfast bell for the patients is regularly rung at seven or at eight o'clock, according to the season. Those



patients whose more serious indisposition requires it, as well as some of the more wealthy class who remain in their rooms, have their breakfast served in their respective apartments by the attendants, and take it under their inspection. For the other patients, the breakfast is brought out of the kitchen by the attendants, into the general dining-rooms; where they all assemble, and each occupies his appointed seat. The attendants then distribute to each his allotted portion, stimulate the dilatory, take care that no one helps himself from his neighbour's portion, that no part of the food is wasted, but that order and decency are every where preserved.

6. About the same hour, the attendants and servants assemble for breakfast in their appointed rooms; but it is so arranged by the upper-attendants, that a certain number of them shall remain both in the male and female divisions, for the service and oversight of the patients, till the others have breakfasted. Twenty minutes is the time allowed to each attendant for this meal.

7. After breakfast, the patients who are capable of labour, proceed to the various occupations pointed out to them; and which are adapted to their several states and circumstances. They remain at their employment till noon; but those who are engaged in laborious work in the fields and gardens, are allowed, in warm weather, an interval of repose.

8. The mechanical part of these employments is carried on with the guidance and co-operation of the attendants, and is also subject to the oversight of the upper-attendants. The clergymen undertake to superintend and guide the more intellectual exercises, in which they are aided by the second physician and the medical assistant.

9. It may here be observed, that the regular employment of the patients according to their strength and capabilities, is to be considered as a *fundamental law of the establishment*, from the observance of which no person is exempt, of

whatever station he be; for it has been found of essential efficacy, both in promoting the contentment of the patient, in assisting the process of cure, and in the preservation of order and regularity throughout the institution. The particular kind of occupation for the patients, its changes and its duration, are determined by the director with a due regard to the state of their health; and whatever be its nature, it must always be considered as forming a part of the system of curative treatment.

10. The appointed dinner hour for the patients under the regular system of treatment, is twelve o'clock at noon; for which those attendants who are charged with this duty make the necessary preparations in the several dining-rooms.

11. Some of the patients who occupy their own day-rooms, or who are confined in separate apartments, have their food conveyed to them by the attendants, in the same manner as in the general dining-rooms; and the attendants are expected to see that they take their meals, as far as possible, according to the requirements of health and good manners.

12. It is the regular practice, in the general dining-rooms, whenever it can be done with propriety, for one of the patients, or an attendant, to say a short grace both before and after the meal. At the former time it is said as soon as the soup is handed round and cooled; and care is taken that the patients observe a proper and becoming behaviour, and wait quietly till the knives, forks, and spoons are distributed; which is done immediately after this ceremony.

13. The prescribed quantity of food is distributed to each patient by the attendants; and great diligence is required on their part, not only to see that each obtains his proper share, but that he takes no more than his allotted portion, and especially that he does not seize the food of the other patients, or consume what they have left. In the latter case, the attendants are to acquaint the upper-attendants, in order that such misbehaviour may be punished, by withdrawing a

corresponding portion of food from the offender at the next meal, or in some other suitable manner.

14. If a quarrel arise at the table, or any other misdemeanour be committed, and the person to whom the disturbance can be traced, prevents both the attendants and the upper-attendants from restoring order, he is to be removed, placed in confinement, and to forfeit the remainder of his meal. Such an occurrence, however, must immediately be reported by the upper-attendant to the director, or to the second physician.

15. For the patients of the higher classes who are boarders, and have a superior table, dinner is served up at half-past twelve: by one o'clock, however, the dinner of all the patients must be concluded; and all the utensils and remains of the food returned into the kitchen. With regard to the latter injunction great care is required; for no patient must ever be allowed to keep back any part of the food allotted to him at any of his meals; and as a sufficient quantity is prescribed for the temporary alleviation of his appetite, all food in the intervals must be strictly withheld; especially as this is a practice which would otherwise interfere with the medicines given at these times to some of the patients. The only exception made to this rule is: that a portion of the bread at breakfast is allowed to be retained by the patient till a later hour, if his appetite require him to eat again before dinner-time.\*

\* I have never been able to convince myself that there exists any necessity to supply the patients with food in the interval of meals; and I cannot but regard the regulations which obtain in some establishments, of causing the attendants to go round to the patients' sleeping rooms, during the night, to distribute bread to the hungry, as a highly pernicious abuse, whatever appearance of humanity may disguise the practice.

Of course, I except those cases of recovery from acute diseases, when the reproductive activity of the organism is unusually excited, as well as those wastings and states of great debility, which require peculiar provisions. Patients afflicted in this manner, who require nourishment to be frequently administered, must always be placed in the rooms prepared for the confined patients, and given in charge to the proper attendants.

16. During the time the patients are dining, the second physician visits any of the apartments where his presence is required; and the male and female upper-attendants take the round of the various divisions committed to their oversight; for the purpose of allaying any disturbance, and to see that order is preserved; they inform the director of any irregularity requiring his attention; whilst cases of greater urgency are at once referred to the second physician.

17. The attendants' dinner is served up at half-past twelve; and at this, as at the former meal, part of the attendants take charge of the patients, till relieved by the others who have dined.

18. At half-past one, the whole of the servants and the patients under the ordinary regimen, resume their various employments: two o'clock is the hour for the other patients to return to their occupations.

19. An agreeable interruption to these labours takes place at four o'clock in the afternoon; when the patients assemble in the various day-rooms to partake of their evening meal; after which they again apply to their appointed duties till seven o'clock in the evening.

20. The general drawing-room or saloon is open from twelve to two in the afternoon, and from seven to nine in the evening, for the use of those patients under the less restricted mode of treatment, whose conduct and state of health entitle them to this privilege; and also for those other patients, to whom, in consideration of their attainments, education, and good behaviour, the director, by way of distinction, shall grant an especial permission; here they enjoy themselves with conversation, music, billiards, and other social recreations. This room is likewise thrown open to the privileged patients, on Sundays and holydays, during the hours unoccupied by religious service.

21. The patients under the general mode of treatment, take their supper at half-past seven, and the other patients

at eight in the evening; when the same regulations are enforced as at dinner. At eight o'clock, supper is prepared for a certain number of the attendants in their apartment, the remainder, as at dinner, having charge of the patients, till relieved by the others.

22. In the evening, worship is performed at nine o'clock, in the same manner as in the morning; and at half-past nine the patients are conducted to their lodging-rooms by the attendants, who sleep in the same apartments; and who have to take care that they immediately undress in an orderly manner, and lie down on their beds; they then examine their clothes, lest anything improper should be concealed in them, and having shut them up for the night, retire to rest themselves. The male and female servants have all by this time retired to bed; so that when the watchman takes his first round at ten o'clock, he finds all the lights extinguished, but the lamps destined to burn through the night; and no one is up, except in the dwellings of the officers, and in the rooms of such patients as are constantly confined to their beds, which is only in the divisions appropriated to those whose disturbing watchfulness makes this seclusion necessary.

23. With the exception of the patients above alluded to, whose condition, for the time, to a certain extent, exempts them from such obligations, the attendants are expected to keep a vigilant watch that the patients committed to their care remain quiet through the night; not leaving their beds, or in any manner disturbing the other members of the household.

Patients who will not submit to these regulations are removed to another division, until they are farther advanced towards recovery. As a general rule, the patients are prohibited from reclining on their beds, except during the hours devoted to rest; or from frequenting their lodging-rooms during the day. There are rooms set apart for the



more seriously indisposed, whose state requires this indulgence.

24. No patient is allowed, without leave of the director, to exchange with others, the division and room of the establishment appointed for his residence, or to visit the other rooms and divisions without a similar permission.

25. On Sundays and holydays, the same regulations are observed with regard to rising and retiring to rest, meals, morning and evening devotions, as on other days of the week. The employments, recreations, and enjoyments, suitable for these days, will be arranged at discretion by the director. With respect to the walks usually taken at such times, beyond the bounds of the establishment, it may here be remarked ; that the accompanying attendants are required strictly to adhere to the instructions they may receive, both as to the direction they shall take and the places they shall visit ; the patients, of course, must follow their guidance.

26. Divine service is performed in the church on Sundays and holydays, at different hours for the Roman Catholic and Reformed Christians ; the servants of either persuasion are obliged to be punctual in their attendance, as well as those patients who may confidently be expected to behave in a quiet and orderly manner ; they are conducted into the church by the attendants, under whose care they are placed, and shewn to their seats by the upper-attendants ; who, for the better maintenance of order, attend both services. A female upper-attendant, however, if circumstances require it, may substitute a suitable female attendant in her place ; the attendants are not allowed to quit their posts till the conclusion of the service. The upper-attendants must take care, that if any patient becomes restless, so as to cause a disturbance in the church, he be led out by his attendant with as little confusion as possible : he must not be allowed to attend again till he is capable of more becoming behaviour.

27. No persons are admitted to the Roman Catholic service but the residents in the establishment; the inhabitants of the village and its neighbourhood have sufficient accommodation for public worship elsewhere. At the Protestant service, however, the inhabitants of the village and neighbourhood, who are attached to the reformed church, are allowed to be present, under certain conditions, as they have no other opportunities of assembling for public worship.

28. It is required from all the inmates of the establishment, that they live together in a quiet, peaceable, and orderly manner, and that they cultivate a disposition to be useful to, and a willingness to assist each other. All quarrelling, scolding, swearing, and every thing immoral or unbecoming in word or action, is absolutely forbidden. When active abuse of any kind, is practised by the members of the household on each other, the delinquents are always severely punished by the director, unless the offence be so great that he may refer it to the legal authorities.

29. It has already been recommended, that the attendants should abstain from all unnecessary use of coercive measures, and much more are they prohibited from all abuse of the patients placed under their protection, but are required to practise towards them all possible lenity and forbearance. The consequences of delinquency in this respect, have also been specified in the orders for the attendants. The patients may therefore feel themselves secure against such abuse, in the powerful protection of the higher officers of the institution.

30. On the other hand, no less care is necessary that the attendants, in the discharge of their difficult duties, be also protected from the railing or violence of the patients; and therefore, every abuse committed by a patient on an attendant in the discharge of his duty, when it can be considered as accompanied with consciousness and deliberation on the

part of the patient, is invariably followed with appropriate punishment. The patients ought generally to regard the attendants, so far as they fulfil their duties according to the directions received, as the functionaries, and in some measure the deputies, of the director; and must therefore unresistingly obey all their requirings, in reference to moral behaviour, employment, taking medicines, and any other arrangements made for their good; though they may not at the time consider them as such; consequently, no contemptuous usage, or assaults from the patients towards the attendants can be allowed.

31. In connexion with this subject, it must expressly be remarked: that the condition of the patients, and their relation to the establishment, renders an unconditional obedience, on their part, to every command of the director, absolutely necessary. When they run counter to these directions, issued solely for their good, or meet them with contempt and defiance, suitable remedies must be applied to conquer this refractory and lamentable disposition. It may, therefore, become necessary, in these cases, to have recourse to seclusion, the withdrawal of a portion of the patient's food, coercive restraint by confinement on the bed, or otherwise. Should these means fail to procure obedience, nothing remains but to remove these deeply diseased patients, who, by such resistance to the salutary regulations of the house, prove that they are unfit to enjoy their present degree of freedom, to some other less agreeable division; where they will no longer have the power to abuse or injure others, or to disturb the peace and order of the institution; and here they must remain till they are farther advanced towards recovery.

32. On the other hand, every comfort and alleviation of suffering, which the proper regard to their health allows, will be most willingly conceded to the patients, so far as

this can be done in accordance with the established laws and regulations of the institution ; and in regard to all cases of real or imaginary infringement of their rights, or any other abuse, they may confidently address their requests, or refer their troubles to the director, and consider him in all respects as their true friend and best protector. The second physician, the clergymen, and all the other officers of the establishment, will also not the less kindly meet their confidence, and interest themselves in promoting their comfort and happiness.

33. None of the patients are allowed to have money in their possession ; and, with a small exception at the discretion of the director, as it regards watches, they are not allowed rings, or other articles of value; as an appendage to their wearing apparel ; but to prevent these articles being lost, or injured by themselves or their companions, they are taken from them on their arrival, and kept in safety by the house-steward, till the time of their departure. All the wants of the patients being supplied through the managing officers of the establishment, there is no necessity for them to have money in their possession ; the expenses of any extra indulgence allowed to the rich patients are defrayed by the house-steward, out of the cash entrusted to him for this purpose by their relations.\*

\* Since the managing officers carefully provide not merely for the actual wants of the patients, but also, as far as circumstances allow, obtain for them many of the elegancies and all the usual comforts of life ; to entrust money in their hands, must always be considered as highly injudicious ; the inutility and danger of prodigality which attend this practice, are too evident to require further illustration ; but a still more important objection may be mentioned : viz: that the rich patients by having money, or valuables in their possession, have it in their power at any time to tempt the cupidity of the attendant, or to put his fidelity to the test. From these and similar considerations, it has not been thought advisable to reward the poorer class of patients, for their industry and good behaviour with presents of money, though the institution has been

34. All the articles brought by the patients, and left for their use, whether linen or other clothes, books, music, &c., are delivered to the proper attendant, who being answerable for them, keeps them under lock and key, and only gives them out when they are required for the patient's use. It therefore becomes the attendant's duty to take care that the patient does not give away, exchange, or waste any article of his property, during his abode in the establishment: when any such intention is apprehended, he must either prevent the execution of it, or inform the upper-attendant or the house-steward. Equal care must be taken by the attendants that no part of the property of the institution be injured or destroyed; and when such an occurrence takes place, information must be given to the superior officers.

35. The attendants are strictly forbidden, under pain of immediate dismissal, to receive any kind of presents from

strongly recommended to do so. This practice is usual in some establishments, and the patients expend the money in trifles, and various kinds of food or luxuries, not usually allowed; as sugar, coffee, tobacco, &c.; at Sonnenstein there is a formally established huckster's shop, for the sale of these articles to the patients: a practice, in my opinion, by no means worthy of imitation. In the Siegburg establishment, the industry and good conduct of the patients are more certainly rewarded, by the manifestation of greater confidence on the part of the officers, and by the liberty of a wider range over the premises of the institution. Since, however, the use of tobacco has become so general, a supply of this article, restricted as to quantity, is daily distributed to the male patients, and is only withheld in cases of misconduct. Little presents of various kinds, are frequently made, consisting of tobacco pipes, snuff boxes, lead pencils, paper, needle cases, thimbles, scissors, and also caps, and neckerchiefs of a superior kind to the common wear: and the object of reward is more fully secured by a careful attention to their many wants and wishes, than it would be by the general allowance of money. In some few cases, however, pecuniary presents are allowed, to the amount of a couple of dollars; but only to those poorer convalescents, who have been particularly active in the service of the establishment; and these presents are preserved for them by the house-steward, in order that when they leave the establishment, a small addition to their resources may be made, in order to encourage their self-responsible exertions.



the patients, during their residence in the institution, or to appropriate to their own use articles of clothing, or any other property of the patients.\*

36. The attendants and other servants are also prohibited from making any kind of purchases, or from sending letters, messages, &c., simply on the request of the patients, or from allowing such things to be done, without the express permission of the director. Any offence of this kind, whether the person act mediately, or on his own responsibility, is punished with immediate dismissal from the establishment.

37. Nor is it less strictly forbidden to any of the servants to appropriate to themselves any article appointed by the establishment for the use of the patients ; or to carry away, or cause to be carried away, any property of the institution appointed for their own use.

38. The smoking of tobacco within the buildings of the establishment is forbidden, both to the patients and the attendants ; and an especial permission of the director must be obtained, before any person is allowed to smoke even in the courts and gardens. This permission is never granted, except under certain restrictions, and a limitation of the daily allowance of tobacco. In the same manner, the allowance of snuff depends on the consent of the director, and is never permitted to exceed a very moderate quantity.†

39. Brandy, and all spirituous liquors are most strictly forbidden to all the members of the household. If any of the servants should indulge to excess in this or any other

\* When, under any circumstances, a patient is removed from the establishment, and the relations desire to present an attendant, or other servant with some acknowledgement of their diligent care and kindness, they are allowed to receive the same, with the permission of the director.

† With regard to smoking, an exception is made for the richer patients who occupy their own rooms : these are allowed to smoke with a limitation as to the quantity of tobacco used ; but are not permitted to take their lighted pipes into the galleries or the saloons.

intoxicating beverage, for the first offence, they are admonished by the house-steward, in the presence of their fellow servants ; and if the offence is repeated, they are dismissed from the service without hesitation.

40. Every member of the household is bound in duty to assist in maintaining order and cleanliness in all parts of the house, as well as in the courts and gardens ; and to avoid, as much as possible, every occasion of dirt or disorder. The daily and weekly cleaning of the rooms, passages, and stairs, in the parts of the house inhabited by the patients, as well as their woollen clothes and shoes, is committed to the care of the attendants, assisted by such patients as the upper-attendant may select for this duty. The cleaning of the other divisions of the house, falls to the lot of the male and female servants, as a general rule, though they may, in cases of necessity, be aided in these duties by such male and female attendants as are disposed to assist them ; or by any patient who is thought suitable for this kind of employment.

41. There are servants especially entrusted with the lighting and warming of the various divisions of the establishment ; whose duty it is, to see that both the general directions and those given for particular cases, are punctually adhered to, and that no unauthorised person interfere in these matters.

42. If a member of the household thinks that he has any just cause of complaint against another member of the family, or is dissatisfied with any thing respecting his remuneration or employments, he must refer his complaint to his next superiors, and if not satisfied with their decision, to the house-steward, and lastly to the director, whose judgment must in every case be considered as decisive.

43. No person unconnected with the official or servile employments of the establishment, is allowed to enter the premises, without a formal permission from the director,

unless on some particular business, or on some errand which concerns the officers, and their family or domestic affairs. Without exception it is forbidden to all the near relations of the servants, whether wife, husband, parent, or child, to pass the threshold of the inner gate. An exception to this regulation is only made when serious illness occurs to any of the servants; in such cases, the director will readily grant an especial permission.\*

\* An especial leave to visit single patients can be obtained from the director, as well as for visits to the establishment, by those who are desirous to become acquainted with its internal arrangements. Here we may remark, that about a year ago, indiscriminate permission was granted to almost all persons who desired it, to visit the institution; but the great abuse which took place, in consequence of the lower classes availing themselves of these opportunities to assemble in great numbers, and take their pleasure on the premises of the establishment, whereby frequent accidental meetings with the patients unavoidably occurred, rendered it necessary, both for the sake of the patients and their friends, to adopt restrictive measures, and these regulations were made known to the public, through the medium of the press. It was, however, specified in this notice, that the gates of the establishment never would be closed against the graduated physician, nor yet against those whom the interests of science or philanthropy, and not mere curiosity, induced to visit the asylum; on the contrary, such persons would always meet with a cordial welcome. Visits of this sort are always considered instructive and encouraging to the officers, and in many ways advantageous, and to exhibit any reluctance on these occasions, would place the government of the institution in a suspicious light. The author of this work, though he decidedly protested against the indiscriminate admission of all visitors; proposed at the commencement of this establishment, that a committee should be formed of persons residing in the neighbourhood, both male and female, who felt a benevolent interest in its affairs, and in the welfare of the patients; and that from these some should be appointed frequently to visit the asylum, in order to keep up a friendly intercourse with them, and to obtain a closer acquaintance with the internal character and management of the establishment: thus forming a connecting link between the institution and the public, by which the latter might be most satisfactorily assured of its being properly conducted. There was some demur in complying with this proposition, but it has always appeared to the author worthy of consideration.

## CHAPTER XV.

MANAGEMENT OF THE HOUSE.  
INSTRUCTIONS FOR THE HOUSE-STEWARD.

THE general relation in which the house-steward stands to the other officers has been already stated, as far as is requisite, in the fourteenth chapter of the first part of this work. We shall therefore here confine ourselves to the specification of those particular instructions, which refer to his duties in the establishment.

(The editor deems it unnecessary for the objects of the present work, to give the whole of the minute instructions under the heads, *Management of the house* and *Pecuniary affairs of the establishment*.—An abstract only of them is therefore given):—

1. This officer may be considered as the master of the household; he is subordinate to the director, but is above the attendants and the house-servants. He has an assistant manager. He is entrusted with the cash, and is charged with the superintendence and direction of the domestic management of the house, according to the established regulations.

2. Every morning he presents to the director, when he visits the patients, a written report, in which every thing worthy of remark respecting the house-servants; the washing, clothing, or board of the patients; and also, all that relates to the buildings or cash account, is entered. He has also to report any vacancy which occurs in the domestic department, and to propose the best mode of filling it up.

3. The house-steward is responsible for the right adjustment of all the accounts, according to the agreements entered into, whether with reference to the patients or the servants. He must be present in the kitchen at noon, and in the evening, whilst the provisions are preparing, to examine them and to superintend the operations of the cook, and the other kitchen servants, including the patients appointed to assist, and the female attendants who have the charge of them; and he must see that order, propriety, and cleanliness are observed, and that no persons are idle or loiter in the kitchen.

4. General regulations in regard to the provisions are laid down, which cannot be departed from without the consent of the director; but subject to these general regulations, the bill of fare is drawn up by the house-steward and the manager every Saturday for the succeeding week; and after it has obtained the approval of the director, the steward gives the requisite orders for the daily supply of provisions.

A special bill of fare is given for those patients who are of the higher class, or in regard to whom special medical directions are given.

5. The house-steward has all the stores of clothing, bedding, and linen under his care. He has to keep a particular account of all articles given out by him, to the upper-attendants and servants, who must respectively sign a receipt for the same, as a check in the examination of the accounts.

The upper-attendants are charged with the daily distribution to the under-attendants of articles of clothing, required by the patients under their care.

6. A particular account is to be kept of all articles of clothing brought by the patient, an acknowledgment of the receipt of which is to be given to those who accompany the patient to the institution. Articles of value are either returned to the relations, or if retained in use by the patient,



they are under the special care of the house-steward, who gives a receipt for them.

7. After each monthly revision of the cash account, the house-steward points out to the director all the articles of clothing, bedding, table-linen, &c., &c., which are no longer fit for use ; and he receives an authority from the director to enter these in the inventory, as being no longer in stock ; and such worn out articles are given to the several attendants, for the purpose of repairing the patients' clothes.

## CHAPTER XVI.

## MANAGEMENT OF THE HOUSE CONTINUED.

## INSTRUCTIONS TO THE MANAGER OR PROVIDING-STEWARD.

1. THE manager is subordinate to the director.

2. He has in general the charge of the external affairs of the establishment. The management of the farm, the purchase and disposal of cattle, the providing, either from the farm or otherwise, of all articles of consumption in the family, viz: food, clothing, bedding, and furniture, devolves upon him. He inspects the baking department.

3. He has the care of the buildings, and is responsible for the whole being kept in order.

4. Once in the year, he presents to the director a plan of management for the ensuing year, and a statement of all repairs and alterations, which he may think requisite in the buildings.

5. The house-steward receives all articles which are required in the house from the manager; they confer together weekly, in regard to the diet table of the following week; and each afternoon, they arrange and give out the provisions for the following day.

6. The manager has to keep a very particular account, under the various heads, of all payments made by him, and also of all receipts and disbursements on account of the farm, so as to show the profit or loss attending it. His accounts are revised monthly.

7. He is charged with the management of all funerals in the establishment; and also with the removal of patients,

who are sent to the places of their destination, according to the instructions which may be given respecting them.

8 The manager must never be absent an entire hour without leave of the director; nor ever when the house-steward is not present.

## CHAPTER XVII.

## PECUNIARY AFFAIRS OF THE SIEGBURG ESTABLISHMENT.

THE following summary is extracted from this chapter.—

The five Rhenish provinces of Coblenz, Trier, Aachen, Cologne and Dusseldorf, have each of them a certain number of places assigned to them in the establishment, according to their respective populations, and for each of these places, they pay annually the sum of 175 rix dollars; or, reckoning the dollar at 2s. 11 $\frac{1}{4}$ d., £25. 14s. 0d. Out of the 200 patients for which the institution is designed, 176 places are allotted to the provinces; from which therefore the sum of 30,800 rix dollars, or £4523. 15s. 8d., is annually derived. Four places are retained, and paid for by the government, (which is charged at the same rate as the provinces,) for military persons. Two places are assigned to strangers; who pay from 250 to 300 rix dollars, and eighteen are reserved for patients of the higher classes, whose accommodation is adapted to their habits, and to the payment they are able to make. Every four years a special examination of the affairs of the establishment takes place; and the surplus income is divided equitably among the several provinces, and being placed to their several accounts, diminishes their subsequent payments accordingly.

The following statement exhibits the annual receipts and expenditure of the establishment on an average of three years.





*Particulars of the Yearly Salaries paid to the Officers and Stewards.*

	£	s.	d.
1. The Director and first Physician,.....	264	7	6
For writing materials, .....	2	18	9
<i>House, Garden, firing and lighting, are also provided for him.</i>			
2. The second Physician, .....	66	1	10½
For writing materials, .....	2	18	9
<i>With board apartments, firing, lighting and washing.</i>			
3. The Medical Assistant, .....	22	0	7½
For writing materials, .....	0	17	7½
<i>With board, lodging, firing, lighting and washing.</i>			
4. The Minister of the Reformed Church, .....	29	7	6
In lieu of board, .....	14	13	9
In lieu of lodging, .....	14	13	9
Washing,.....	0	4	2½
<i>With firing and lighting.</i>			
5. The Minister of the Roman Catholic Church,.....	29	7	6
In lieu of board, .....	14	13	9
<i>Besides apartments, firing, lighting and washing.</i>			
6. To the House and cash Steward,.....	88	2	6½
For writing materials, .....	29	7	6
<i>Besides apartments, garden, firing and lighting, (not board.)</i>			
7. To the manager, or out-door Steward, .....	58	15	0
To the hire of Assistance,.....	4	8	1½
<i>Besides apartments, firing and lighting, (not board.)</i>			
8. Assistant Cash Keeper, £17 12s. 6d., paid out of the Salary of House Steward, .....	11	15	0
<i>Besides firing, lighting and washing.</i>			
9. Upper Attendant, male,.....	22	0	7½
<i>Besides board, washing and medicines.</i>			
10. Deputy Upper Attendant, male, .....	13	4	4½
<i>Besides board, washing and medicines.</i>			
11. Upper Attendant, female, .....	17	12	6
<i>Besides board, &amp;c.</i>			
12.—22 Male and Female Attendants on the general class, viz :—			
Two, males at .....	13	4	4½ each.
Three males at .....	11	15	0 each.
Two males at .....	10	11	6 each.
Two males at .....	8	10	3 each.
Five males at .....	7	1	0 each.
One female at.....	11	15	0
Two females at .....	10	11	6 each.
Two females at .....	8	16	3 each.
One female at .....	5	17	6
Two females at .....	6	3	4½ each.
<i>With board, lodging, washing and medicine, in all the above cases.</i>			
13.—14 Attendants on the Patients of the higher class, viz :—			
Three at.....	13	4	4½ each.
Five at .....	11	15	0 each.
Three at .....	10	11	6 each.
Three at .....	8	16	3 each.

## CHAPTER XVIII.

## DUTIES OF THE DIRECTOR.

(THIS chapter contains a particular statement of the duties of the director and chief physician, as regards his relation to the government, and to the establishment, from which the following abstract is made.)

The director is the organ of the government in the management of the institution, and is responsible to it for the right conduct of every department.

The director or first physician of the establishment, acts under, and is responsible to, the upper presidency of the Rhenish provinces, in regard to the management of the patients, the general direction of the concerns of the establishment, and of the functionaries to whom the carrying out of the rules and orders is intrusted. To him, in all the affairs of the institution, the whole jurisdiction is committed; all orders and instructions of the government are addressed, and the accounts and reports of the various officers rendered. All the officers of the establishment, medical, clerical, and economical are under his control, and they are in no respects, which concern the institution, to contravene his instructions.

The assistants of lower rank in the establishment, of whatever class, are of course still more decidedly subject to the authority and orders of the director, and all of them from the upper male and female attendants downwards, are appointed and discharged by him.

He is limited as to the rate of wages, but can promote the most deserving to places which yield the higher rate of remuneration. He is required to report each year respecting those who are unfit for the service.

The weightiest duties of the director, are those which regard his own numerous cares in the management of the patients. The administration of all measures, which can contribute to their cure, marks the limit of his medical duties.

The studies of the director are principally directed to the treatment of the insane.

He is to take care that the written document which is given in with each patient, relative to the symptoms of the disease, and the mode of treatment which has been pursued, be entered along with the result of every subsequent consultation in the patient's case. As complete a history as possible must be obtained of each case admitted into the hospital.

The director is expected to furnish every patient who is discharged cured, with full instructions as to his future medical treatment.

The director has to determine the period of the discharge of patients, whether with reference to the stage of convalescence in which it may be safe for them to leave the institution, or, as regards the probability of benefit to be derived by those, who are not recovered, by any longer detention; and although two years continuance of disease, may be considered as a general indication of permanency, the directing physician believes that the hope of recovery should by no means be confined to that period; there are therefore no absolute rules laid down in reference to this matter.

## CHAPTER XIX.

OF THE POWERS AND DUTIES OF THE BOARD OF COMMISSIONERS, AND  
THE UPPER PRESIDENCY OF THE PROVINCES OF THE RHINE.

THE objects which engage the attention of the board of commissioners are,—

1. The superior or primary direction of every part of the economy of the establishment.

2. Inspection of the general management of the funds, and examination of the several accounts of receipts and disbursements.

3. The primary superintendence and government of the officers.

4. Although the particular medical, moral, and dietetic management of the patients is the exclusive business of the director of the establishment, he is nevertheless not justified in acting in regard to these matters, contrary to the general regulations laid down respecting them, under the idea that advantage would result from such deviation. The board, taking into consideration the opinion of the director, must determine such cases upon their own judgment, or, if necessary, report and refer the matter to the Upper Presidency of the Provinces of the Rhine.

5. The board has to draw up, every three years, a statement of the affairs of the institution, which is to be transmitted to the upper presidency for its ratification.

All the accounts are rendered to them in a prescribed form; they order, as they see occasion, special examinations of the accounts; but every month the statements of receipts

and expenditure must undergo revision by the director, and be laid before the board at their next meeting.

An annual examination of the finances of the establishment is made by the board of commissioners in March. All orders in regard to new buildings must proceed from the board; and no considerable alterations, additions or repairs, can take place without their permission; except that, in urgent cases, the director may expend 15 rix dollars for repairs; which he must immediately report to the board. For all expenditure in buildings, above the sum of 500 rix dollars, the estimate must be transmitted to the upper presidency, and have its sanction.

The director of the establishment is elected by the state; the second physician, the clerical officers, the house-steward, the manager, the upper-attendants, and the porter are appointed by the commissioners, with the approval of the director, who himself appoints the medical assistants, and all the under servants.

The appointments of the commissioners, are however subject to the approval of the state, and those of the director, require the sanction of the commissioners.

Those in whom is vested the appointment of any officer or servant, have likewise the power of discharging the same.

The board of commissioners assembles every half-year, in the establishment. The president of the board determines the exact time, and informs the upper presidency of it, which communicates it to the governments of the several provinces, and each of these is authorised to send one of their members to be present at the meeting; but these deputies have only a recommendatory power, and cannot vote in the assembly. The commission inquires into the management of every department of the institution, and draws up a report. It gives such advice as it thinks needful in regard to its concerns, and transmits the resolutions which it adopts, to the upper presidency, for its inspection and judgment.



## CHAPTER XX.

TABULAR VIEW OF ADMISSIONS AND DISCHARGES, &c., OF THE PATIENTS, DURING THE FIRST NINE YEARS OF THE EXISTENCE OF THE INSTITUTION, WITH SOME PRELIMINARY REMARKS.

THE immediate object of the present work, is to give an account of the *management* of the Siegburg Asylum: I have therefore intentionally avoided refering to any topics, irrelevant to this subject, and have omitted, (for instance,) such details as belong to the medical treatment of particular cases. I have not however considered it unfitting to gratify the anticipated wish of many of my readers, by adding as a conclusion to this work, a tabular view, prepared from accurate reports, by which the number of patients admitted since the establishment of the institution, the number discharged as cured, or incurable, and the amount of deaths may be clearly ascertained. I think it needful to refer those who may perhaps miss in this table many details which are usually given in similar tabular reports, to what I have said in the fourth section, as well as in other places of the first volume of a former work.\* They will there find remarks on the character of the inferences which are deduced from such reports, in regard to such, the presumed causes of disease and the form of insanity; as well as on the unfitness of such accounts to give results promotive of science. These observations still appear to me well grounded and worthy of attention, and must therefore serve as a guide to the table I have given.

I must however here observe of the institution, how

\* Observations on the Pathology and Therapeutics of diseases connected with Insanity.

much the governor of an asylum has it in his power to make the result, especially with respect to the number of cures, and the requisite duration of treatment, appear more favourable than they really are. For, as is common in many of these establishments, he may dismiss the individuals confided to his medical care, as *cured*, so soon as the attack of insanity has once yielded, not troubling himself whether, from the constitutional causes continuing in the system, it may again appear on the slightest occasion, either, because the disease has never been really removed, or from still pre-existing disposition to it. But such a proceeding in no wise befits an experienced and conscientious man, who would disdain to give appearance of brilliant results to his undertaking by such means. At least for myself I consider it a duty to retain the patient in the institution, when circumstances admit of it, so long, after the apparent termination of the disease, as there appears any danger of a relapse.\* Now it is not unusual for a fresh attack of the disease to make its appearance after an interval of three, four, or six months; so that if, according to the system above alluded to, these patients had been discharged as cured, and again re-admitted as fresh cases, the time of cure would appear of much more moderate duration.†

\* Patients who have a very decided disposition to mental derangement, whether hereditary or acquired, can seldom by any kind of medical treatment, be secured from renewed attacks; and the treatment of such patients becomes extremely difficult, when they have subjected themselves to the disease by an irregular and vicious course of life; for by returning again after their discharge to their former habits, or perhaps to some occupation which offers temptation to excess in drinking, the disposition to their former malady is renewed.

† The duration of the time of cure is not calculated on the method mentioned above, nor yet in the way which usually obtains in the Asylums of this country. For there are always a very considerable number wholly incurable, subjected merely to a provisional mode of treatment, or patients who have been again sent to the institution after their discharge: indeed there are at the present time many patients who have been already from five to eight years in the establishment, whereby it is evident that a calculation of the number of cures drawn up after the usual method, must certainly be in the highest degree incorrect.

I believe, however, the present table will produce a very favourable impression as regards the proportion of patients cured to those admitted, if it is remembered that out of the total number of six hundred and thirty patients admitted, one hundred and ninety seven were considered quite incurable; that of the remainder, one hundred and thirty one were so far advanced in the disease, that very little hope could be entertained of their recovery, whilst of the three hundred and two, marked as adapted to the institution, the greater number were not even recent, and therefore not the most favourable cases. I may here remark that the incurability of the first mentioned one hundred and ninety seven patients, so far as the means of forming a critical judgment of these cases admitted it, was determined according to the principles laid down in the second chapter of the first part, page 18—20.

Among the one hundred and thirty one of the second class, who were considered in a very small degree adapted to the institution; all cases of many years standing to which the character of incurability was not yet decidedly affixed, were included; though in the greater number, from the long continuance of the disease, from its character already inclining to the most doubtful form, or from the morbid state of the system, in one or other of the most important respects, an incurable condition was with the utmost probability anticipated. The third class, consisting of those marked as adapted for the institution as before stated, is by no means confined to those called recent cases, but also embraces those who may have already suffered from insanity for one and even two years; provided other circumstances are such as do not preclude the probability of a cure.

And if it is shown that among these three hundred and two individuals, the proportion of cures, to the number of patients admitted, stands as fifty-eight to one hundred; whilst among those remaining in the institution, no small number

may, perhaps, be restored; it may easily be imagined that if, according to the plan adopted by the English writers in their official reports, those cases only in which insanity had not existed more than three months, had been included in the most curable class; the proportion of *cured*, to the number admitted, would in this division have been in the proportion of eighty or even ninety to one hundred. With reference to this mode of classifying the cases, it is to be observed, that it is sometimes extremely difficult to ascertain the exact time when the complaint first assumes a decisive character, especially when the patient resides in an uncultivated district. From this difficulty many irregularities must arise in the arrangement of the cases, with reference to the duration of the disease. I believe therefore, that it is best to reject such a classification, and to arrange the cases according to the above mentioned plan; and though the result may not appear so brilliant to the eye, the real good effected will not, to one well acquainted with the matter, be found to be less than in other institutions. In conclusion, be it observed, that the greater half of the cases of death, or forty-one, occurred among those marked in the list as decidedly incurable; whilst out of the remaining thirty-eight, twenty took place among those of whose recovery little hope was entertained, and only eighteen deaths happened among the three hundred and two, set down as adapted to the institution. From these statements it must be apparent to the relatives of these unhappy beings, how much it is a matter of duty to bring the patient early into a situation favourable to his recovery.

TABULAR VIEW OF THE ADMISSIONS, DISCHARGES, &c., OF PATIENTS AT THE HOSPITAL FOR THE INSANE, AT SIEGBURG, FROM ITS INSTITUTION, JANUARY 1ST, 1825, TO DECEMBER 31ST, 1833.																													
YEARLY ADMISSIONS.					YEARLY DISCHARGES.																								
YEAR.	REMAINING from former year.	ADMITTED each year.		TOTAL under treat- ment each year	The cases of both sexes admitted di- vided into three classes, as regards their fitness for a curative Institution			CURED.	IM- PROVED.	INCURABLE		RE- MOVED by Rela- tives.	DIED.	The deaths occur- red as follows, among the three classes.		TOTAL.	REMAIN- ING YEARLY.												
		mal.	fem.		males	fem.	males & females.			1.	2.			3.	mal.			fem.											
1825					1.	2.	3.	mal.	fem.	mal.	fem.	mal.	fem.	males & females.	1.	2.	3.	mal.	fem.										
1826	32	11	13	35	18	15	15	1	1	1	1	1	1	3	3			3	2										
1827	35	17	20	55	8	4	26	9	5	1	6	1	4	2	3			20	9										
1828	37	13	20	55	9	2	17	4	8	3	3	6	2	3	2			18	12										
1829	61	24	37	87	24	16	29	9	3	4	1	2	5	3	3	2		26	8										
1830	88	44	52	113	42	13	32	10	7	3	4	5	3	5	3	1		25	15										
1831	100	52	35	145	80	37	17	18	6	2	1	10	6	4	9	3	1	45	28										
1832	110	57	33	145	85	17	13	17	11	1	1	7	11	6	4	5	1	35	28										
1833	130	61	34	196	95	21	23	22	14	1	1	5	5	9	4	7	3	36	29										
					197	131	302	105	70	14	5	14	13	18	5	12	5	63	35										
					630			175		19		56		79		437		437											
					630			175		19		56		79		437		437											
Total admitted during the nine years, 1825—1833 .....					630					Total discharged Remaining 1833 .....					437					437									
															193					193									
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Since the printing of the preceding table, the editor has received from Dr. Jacobi, a continuation of the statement in regard to the cases in the Siegburg establishment, up to the year 1839 inclusive; and he is glad to be able to present this additional information to the reader.

CONTINUATION OF THE TABULAR VIEW OF ADMISSIONS, DISCHARGES, &c., OF PATIENTS AT THE HOSPITAL FOR THE INSANE, AT SIEGBURG; SHEWING THE RESULTS FOR THE FIFTEEN YEARS, 1825—1839.																	
YEARLY ADMISSIONS.							YEARLY DISCHARGES.						REMAIN- ING YEARLY.				
YEAR.	REMAIN- ING from former year.	AD- MITTED each year.	TOTAL under treat- ment each year.	The cases admitted divided into three classes, as regards their fitness for a curative Institution			CURED.	IM- PRO- VED.	INCU- RABLE.	RE- MOVED by Rela- tives.	DIED.	TOTAL.					
				1	2	3											
Brought forward				197	181	302	175	19	108	56	79	437	193				
1825—33		630	290	30	28	39	35	1	24	11	19	90	200				
1834	193	97	289	17	31	41	36	1	41	9	20	107	182				
1835	200	89	255	26	22	25	25	0	12	10	9	56	199				
1836	182	73	266	24	19	24	24	1	37	6	20	88	178				
1837	199	67	267	35	26	28	28	2	37	10	6	83	184				
1838	178	89	267	31	27	26	24	4	49	14	8	99	169				
1839	184	84	268														
		1129		360	284	485	347	28	308	116	161	960					
Total admitted during the fifteen years, 1825—1839 .....							Total discharged.....						960	Re- main- ing Dec. 31st, 1839 169			
							Do. 2.....						284		Remaining 1839.....		169
							Do. 3.....						495		Total under treatment du- ring the fifteen years .....		1129
							Total of the three classes 1129										

Dr. Jacobi, at the foot of his first table, deduces from it the following statement, in regard to the average of cures and deaths in the Siegburg establishment.

The proportion of recoveries calculated upon the total admissions; that is in classes 1, 2, and 3....	28 : 100
The proportion of the whole number of recoveries, to the number of admissions in classes 2 and 3 .....	40 : 100
The proportion of the whole number of re- coveries, to the number of admission in class 3.	58 : 100*
The proportion of deaths, to the total number of admissions in all the classes .....	12½ : 100
The proportion of deaths, to the admissions in classes 2 and 3 .....	9 : 100
The proportion of deaths, to the admissions in class 3 .....	6 : 100†

\* It would have been satisfactory to have known whether any, and how many of the *cured* were of the second class:—the proportion here given is that of the *whole number discharged as cured*, to the number of admissions in the *third class alone*.

† The reader will observe, that this statement does not give the proportion of deaths out of the average number of patients in the establishment during the period included in the table, which is the more usual, and I must think the more useful inference to be drawn from the experience of asylums, in regard to the mortality of the insane. To make any fair comparison of this statement with the results of any other establishment, the *time* in which the patients remain in the respective houses, is an essential ingredient. Those institutions which discharge a large number of incurable patients to be placed in a *safety house*, as is the case with that at Siegburg, are in quite a different position to those which retain all who are not fit for full liberty. It may, however, be presumed that the number of patients stated to be remaining in the institution, at the end of each year, will represent pretty nearly the average number during the year; and assuming this to be the case, we find the total average number resident in the house during the fifteen years, included in the preceding table, to be one hundred and forty-five. The deaths which occurred during this period were one hundred and sixty one, so that the average annual mortality would be nearly seven and a half per cent.

## PLATES.

- No. 1.—Plan of an establishment for insane persons, according to the principles laid down in the preceding work, and as described therein.
- No. 2.—Plan of Dr. Esquirol's private establishment for the insane, at Ivry.
- No. 3.—Plan of the Wakefield asylum, illustrating the H. form of building.

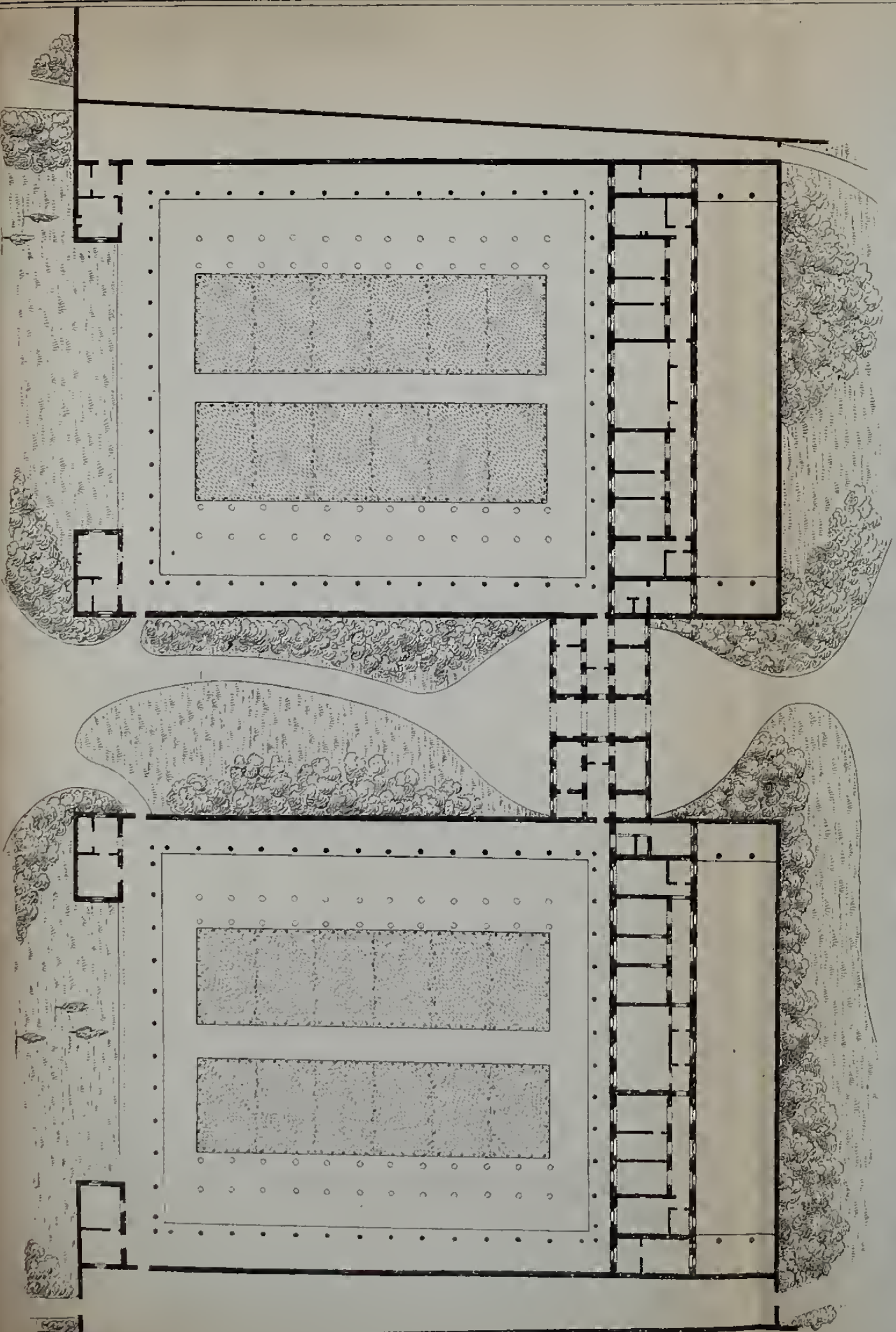






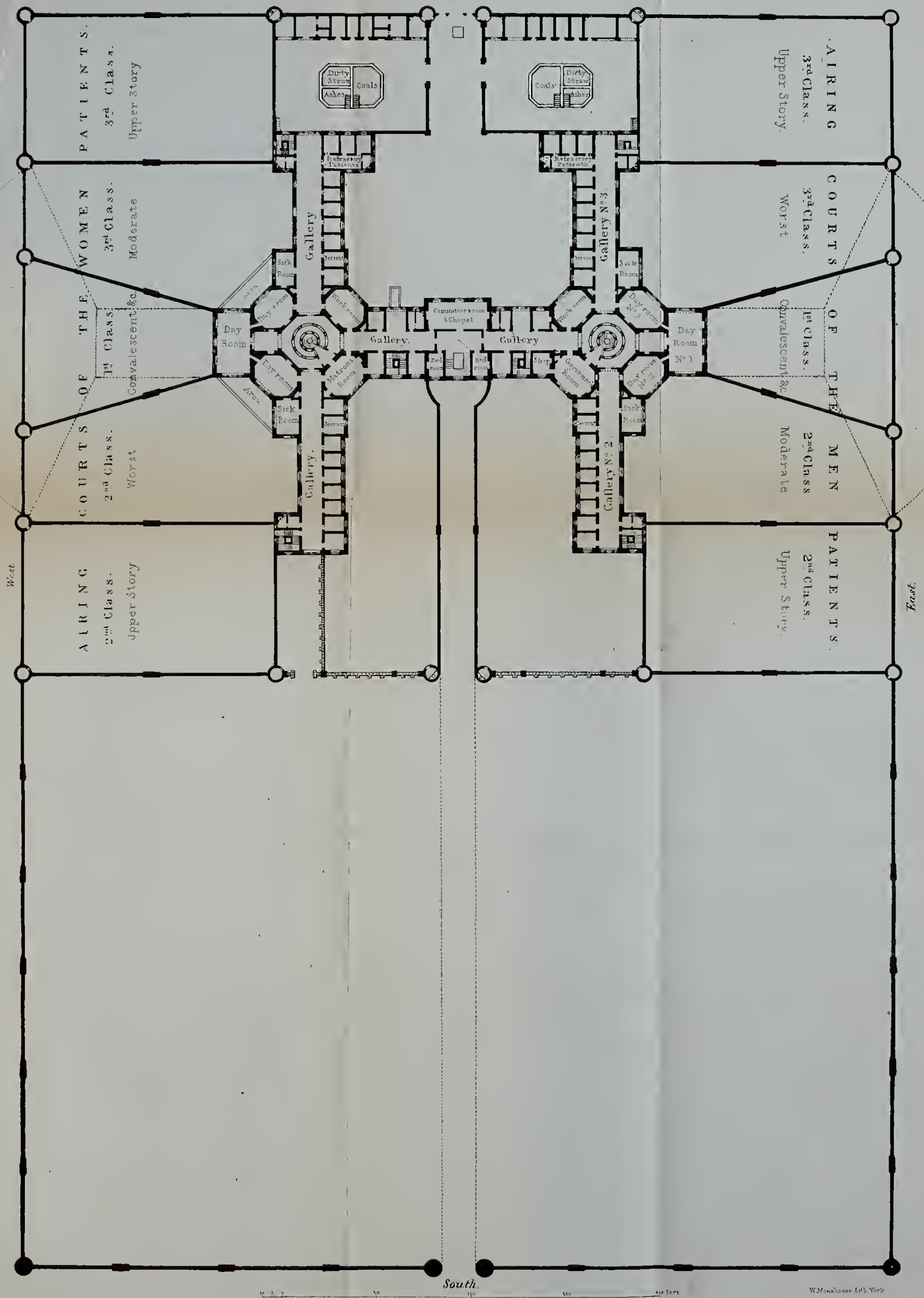


PLAN OF THE PRIVATE ESTABLISHMENT FOR THE INSANE OF D<sup>R</sup> ESQUIROL AT IVRY NEAR PARIS.



# PLAN OF THE LUNATIC ASYLUM AT WAKEFIELD.

*North.*



South.

W. Monahan 11th York